## **AUTHORIZATION FORM**



FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE	
TOR OTTIOE ODE ONET	LIVELOT LIBOROICH		DATE	
Name of Church				
Effective date of authorization:	<u> </u>			
j.	<ul><li>New Authorization</li><li>□ Change donation amount</li><li>□ Change donation date</li></ul>		king information electronic donation	
Last Name		First Name	ame	
Address				
City		State	Zip	
Email Address			1	
Please debit my donation from my (check one):  Checking Account (attach a voided check below)  Savings Account (contact your financial institution for Routing #)		Routing Number:		
FIRST DONATION DATE:	FREQUENCY OF DONATION:  ☐ Weekly on ☐ Monthly on ☐ Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)		Building \$ Evangelism/Outreach \$	
AGREEMENT I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature:				
	nse attach voided check here.			