

AUTHORIZATION FORM

Church of St. Luke

ES9116

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

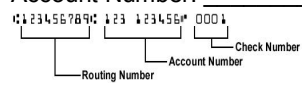
Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small>  </small>
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DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> <input type="checkbox"/> Semi-Monthly – 5 st and 20 th <input type="checkbox"/> Monthly on the 5 st <input type="checkbox"/> Monthly on the 20 th	DESIGNATED AMOUNT: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building Fund \$ _____ TOTAL: \$ _____
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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: _____ Date: _____

