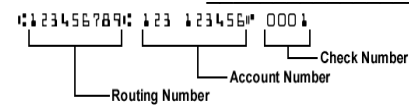


# AUTHORIZATION FORM

St. Joseph's Church

ES13898

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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
Address		
City		State      Zip
Email Address		
<b>DATE OF FIRST DONATION:</b> _____/_____/_____	<b>FREQUENCY OF DONATION:</b> (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General Operating      \$ _____ <input type="checkbox"/> Youth Group                \$ _____ <input type="checkbox"/> Fuel                                \$ _____ <input type="checkbox"/> Flowers                         \$ _____  <b>Total</b> \$ _____
<b>ANNUAL CONTRIBUTIONS:</b> <input type="checkbox"/> Easter Offering                \$ _____      Date to be transferred _____/_____/_____ <input type="checkbox"/> Christmas Offering            \$ _____      Date to be transferred _____/_____/_____ <input type="checkbox"/> Feast of St. Joseph            \$ _____      Date to be transferred _____/_____/_____ <input type="checkbox"/> Christmas Fair                 \$ _____      Date to be transferred _____/_____/_____ <input type="checkbox"/> Youth Group                     \$ _____      Date to be transferred _____/_____/_____ <input type="checkbox"/> CCD Tuition                     \$ _____      Date to be transferred _____/_____/_____		
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	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: _____	
<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	