

AUTHORIZATION FORM



FOR OFFICE USE ONLY	DONOR #:	DATE:
Name of the Church: HOLY CROSS LUTHERAN CHURCH, MENOMONEE FALLS, WI		
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		
DONATION:		
Date of first donation: ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1st or the 15th (circle one) <input type="checkbox"/> Weekly on Monday or Friday (circle one) <input type="checkbox"/> Bi-Monthly: on the 1st and 15th	Funds and donation amounts: <input type="checkbox"/> General Operating \$ ____ - <input type="checkbox"/> Pour out your Heart \$ ____ - <input type="checkbox"/> _____ \$ ____ - <input type="checkbox"/> _____ \$ ____ - <div style="text-align: right;">Total \$ ____ -</div>
Date of last donation (optional): ____/____/____		
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: _____ <div style="text-align: center;"> </div>	
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: _____		

Please staple voided check here.