Automatic Giving Plan

AUTHORIZATION FORM

Please debit my donation from my: (check one)

AGREEMENT

Authorized Signature:__

☐ Checking Account (attach a voided check below)

☐ Savings Account (contact your financial institution for Routing #)

					····	
FOR OFFICE USE ONLY	 ENVELOPE/DONOR #				DATE	
Effective date of authorization:						
Type of Authorization Form:	New Authorization Change donation amount Change donation date	Change banking informationDiscontinue electronic donation				
Last Name	, , , , , , , , , , , , , , , , , , ,	Firs	st N	ame		. <u>-</u>
Address						
City	 	Sta	te		Zip	
Email Address	 · · · · · · · · · · · · · · · · · · ·				I	

Routing Number: ___

Account Number: _

\$1234567898 123 123456° 0001

Valid Routing # must start with 0, 1, 2, or 3

Check Number

_____ Date:__

DATE OF FIRST DONATION:	FREQUENCY OF DONATION: (check only one) Weekly – Mondays Semi-Monthly – 1 st and 15th Monthly on the 1 st Monthly on the 15 th	FUNDS AND AMOUNTS: General \$ Gold Cans Fund \$ \$ \$
		Total \$

I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority

Please attach voided check here.

will remain in effect until I provide reasonable notification to terminate the authorization.

