AUTHORIZATION FORM

St. Francis de Sales Church   **ES9376**

FOR OFFICE USE ONLY	**ENVELOPE/DONOR #**	**DATE**

Effective date of authorization: _____

Type of Authorization Form: ❑ New Authorization   ❑ Change banking information
                             ❑ Change donation amount   ❑ Discontinue electronic donation
                             ❑ Change donation date

Last Name	First Name

Address

City	State	Zip

DATE OF DONATION : _____/_____/_____	**FREQUENCY OF DONATION:** ❑ Weekly – Mondays ❑ Semi-Monthly – 1st and 15th ❑ Monthly on the 1st ❑ Monthly on the 15th	**FUNDS AND AMOUNTS:** ❑ Sunday Collection — $ _____ ❑ Holy Day Collection — $ _____ ❑ Maintenance Fund Collection — $ _____ ❑ SFDS Catholic School Collection — $ _____ ❑ St. Vincent de Paul Society — $ _____ ❑ Second Collection — $ _____ Total **$ _____**

CHECKING / SAVINGS

Please debit my donation from my (check one):

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

❑ Checking Account (attach a voided check below)

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

Account Number: _____

⑈123456789⑈ 123 123456⑈ 0001

⌞ Routing Number ⌞ Account Number ⌞ Check Number
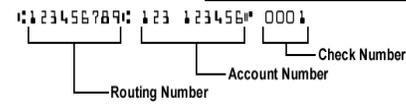
I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

CREDIT CARD

Please charge my donation to my (check one):   ❑ Visa   ❑ MasterCard   ❑ American Express   ❑ 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: _____

Please attach voided check over credit card section above if using checking account.