

AUTHORIZATION FORM

First Presbyterian Church of Waunakee

ES10780

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	

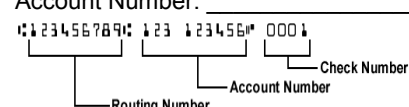
Last Name	First Name
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Address

City	State	Zip
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DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly _____ (day of the week) <input type="checkbox"/> Semi-monthly on the 1st and 15th <input type="checkbox"/> Monthly on the ____ (day of the month) <input type="checkbox"/> One-time only 	FUNDS AND AMOUNTS: <ul style="list-style-type: none"> <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
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ANNUAL CONTRIBUTIONS: <input type="checkbox"/> Per Capita (\$25.98 per member)	\$ _____	Date to be transferred ____ / ____ / ____
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CHECKING / SAVINGS	Please debit my donation from my (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) 	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____		

CREDIT CARD	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		
<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table>		Credit Card Number:	Expiration Date:
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 send your completed Authorization form to:

Sue Gade
 First Presbyterian Church
 5763 County Road Q
 Waunakee, WI 53597

Thank you!!