

AUTHORIZATION FORM

SS. Peter and Paul Church

ES9863

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

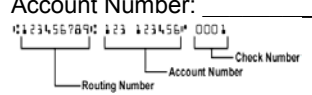
Type of Authorization Form:

<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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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: _____ 
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DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Semi-monthly on the 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> 01 - Offertory \$ _____ <input type="checkbox"/> 03 - Scholarships/Endowment \$ _____ <p style="text-align: right;">Total \$ _____</p>
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Please stop sending my monthly envelopes
 Please continue sending monthly envelopes

AGREEMENT

I authorize the above church and Vanco Services, LLC to process debit entries to my account. All gifts provided to SS. Peter & Paul Church originating as ACH transaction comply with US Law. I can increase, decrease, or suspend my giving at any time by calling SS. Peter & Paul Church.

Authorized Signature: _____ Date: _____

