

AUTHORIZATION FORM

The First Church in Belmont

ES11578

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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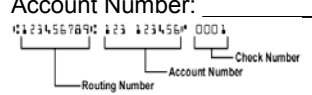
Please debit my donation from my (check one):

Checking Account (attach a voided check below)

Savings Account (contact your financial institution for Routing #)

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

Account Number: _____



⑆ 234567890 ⑆ 23 ⑆ 234567 000 ⑆
Routing Number Account Number Check Number

DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General \$ _____ <input type="checkbox"/> Other _____ \$ _____ Total \$ _____
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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: _____

