

# AUTHORIZATION FORM

St. Thomas Syro-Malabar Catholic Church

ES13221

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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Email Address

<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p>	<p>Routing Number: _____</p> <p><b>Valid Routing # must start with 0, 1, 2, or 3</b></p> <p>Account Number: _____</p> <p><small>⑆⑆⑆ 23456789⑆ ⑆23 ⑆23456⑆ 000⑆</small></p> <p><small>Routing Number      Account Number      Check Number</small></p>
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<p><b>DATE OF FIRST DONATION:</b></p> <p>____/____/____</p>	<p><b>FREQUENCY OF DONATION:</b> (check only one)</p> <p><input type="checkbox"/> Monthly on the 5<sup>th</sup></p> <p><input type="checkbox"/> Monthly on the 25<sup>th</sup></p>	<p><b>FUNDS AND AMOUNTS:</b></p> <p><input type="checkbox"/> Capital Fund      \$ _____</p> <p><input type="checkbox"/> _____      \$ _____</p> <p style="text-align: right;"><b>Total</b>      \$ _____</p>
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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: \_\_\_\_\_

