



Authorization Form

St. Stephen's United Methodist Church

FOR OFFICE USE ONLY	ENVELOPE #	DATE
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Type of Authorization Form:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking/debit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Date of first donation: ____/____/____	Frequency of donation: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly 1 st and 15 th <input type="checkbox"/> Monthly on the 1st	Church fund designations and amounts: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____
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Special Instructions: _____

Total \$ _____

Annual contributions:

<input type="checkbox"/> Easter Offering	\$ _____	Transferred on April 1 st
<input type="checkbox"/> Christmas Offering	\$ _____	Transferred on December 15 th

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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: _____	

DEBIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
	Debit 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 debit card in accordance with the information above.
	Signature (as it appears on the debit card): _____ Date: _____