

# AUTHORIZATION FORM

Wellington Presbyterian Church

ES8752-WC

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
Address		
City		State      Zip
Please debit my donation from my (check one):		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		<b>Valid Routing # must start with 0, 1, 2, or 3</b>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		<small>⑆ 234567890 ⑆ 23 ⑆ 234567 0001</small> └─── Routing Number      └─── Account Number      └─── Check Number
<b>DATE OF FIRST DONATION:</b> ____ / ____ / ____	<b>FREQUENCY OF DONATION:</b> (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General/Operating \$ _____
<b>AGREEMENT</b> 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: _____		

*Please attach voided check here.*