

# AUTHORIZATION FORM

Spirit of Hope Catholic Community – Apostolic Catholic Orthodox Church

ES11215

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

Type of Authorization Form:

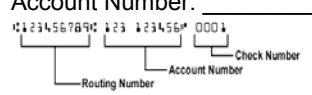
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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Email Address

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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
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<b>DATE OF FIRST DONATION:</b>  _____/_____/_____	<b>FREQUENCY OF DONATION:</b> (check only one)  <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Semi-monthly on the 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> <input type="checkbox"/> Quarterly (Mar 1, June 1, Sept 1, Dec 1)	<b>FUNDS AND AMOUNTS:</b>  <input type="checkbox"/> Regular Contribution \$ _____ <input type="checkbox"/> Emergency Fund \$ _____ <input type="checkbox"/> Annual – Christmas Offering \$ _____ December 1 <input type="checkbox"/> Annual – Easter Offering \$ _____ April 1
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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: \_\_\_\_\_

