

AUTHORIZATION FORM

Covenant Community Church

ES12053

| | | |
|---------------------|------------------|------|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|---------------------|------------------|------|

Effective date of authorization: _____

Type of Authorization:

| | |
|---|--|
| <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 | |

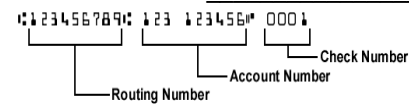
| | |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Email Address

| | | |
|---|---|--|
| Date of first payment: ____/____/____ | FREQUENCY OF DONATION: (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th | FUNDS AND AMOUNTS: <ul style="list-style-type: none"> <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Other _____ \$ _____ <li style="text-align: right;">Total \$ _____ |
|---|---|--|

| | | |
|---------------------------|--|---|
| CHECKING / SAVINGS | Please debit my donation from my (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 |
| | Account Number: _____  | _____ <small>Routing Number Account Number Check Number</small> |

I authorize the above organization and Vanco Services 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: _____

| | | | |
|--|---|---------------------|------------------|
| CREDIT CARD | Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card | | |
| | <table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td>Expiration Date:</td> </tr> </table> | Credit Card Number: | Expiration Date: |
| | Credit Card Number: | Expiration Date: | |
| | Name on Card: | | |
| | Billing Address (if different from above): | | |
| I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above. <p style="border: 1px solid black; padding: 5px;">Signature (as it appears on the credit card): _____ Date: _____</p> | | | |

Please attach voided check over credit card section above if using checking account.