

AUTHORIZATION FORM



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Good Shepherd Lutheran Church 504750543

Effective date of authorization ____/____/____

Type of Authorization Form: New Authorization Change banking information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name	First Name
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Address

City	State	Zip
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E-mail Address

Date of first payment: ____/____/____	Frequency of Donation: <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Semi-Monthly (transferred on 1st and 15th of each month)	Funds and Amounts: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building Fund \$ _____ Total \$ _____
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Checking / Savings	Please debit my donation from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing Number)		Valid Routing Number must start with 0, 1, 2, or 3
	<input type="checkbox"/> Checking Account (attach a voided check below)		Account Number: _____
			: 1 2 3 4 5 6 7 8 0 : 1 1 0 0 0 1 2 3 4 5 6 : 0 0 0 1 Routing Number Account Number Check
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	
	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. Signature (as it appears on the credit card): _____ Date: _____	