

Authorization Form



**EDWARDS CONGREGATIONAL
CHURCH**

UCC220610

Effective date of authorization: _____

- Type of Authorization Form:
- | | |
|--|---|
| <input type="checkbox"/> New authorization
<input type="checkbox"/> Change donation amount
<input type="checkbox"/> Change donation date | <input type="checkbox"/> Change banking/credit card information
<input type="checkbox"/> Discontinue electronic donation |
|--|---|

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Date of first donation:

_____/_____/_____

Date of last donation (optional):

_____/_____/_____

Frequency of donation: (please check only one)

- Weekly – Mondays
- Semi-Monthly – 1st and 15th
- Monthly on the 1st
- Monthly on the 15th

Church fund designations and amounts:

- General/Operating \$ _____
- Other _____ \$ _____
- Total \$ _____**

Special Instructions:

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 church and Vanco Services, LLC to charge my credit card for StillspeakingMoney® in accordance with the information above.	
	Signature (as it appears on the credit card): _____ Date: _____	

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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize the above church and Vanco Services, LLC to process debit entries to my account for StillspeakingMoney®. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____		Date: _____