

**AUTHORIZATION FORM**

St. Elizabeth Parish

ES2000

**FOR OFFICE USE ONLY****ENVELOPE #****DATE**

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 contribution from my (check one):

- ☐ Checking Account (attach a voided check)
- ☐ Savings Account (contact your financial institution for Routing #)

Routing Number: \_\_\_\_\_  
**Valid Routing # must start with 0, 1, 2, or 3**Account Number: \_\_\_\_\_  

Routing Number      Account Number      Check Number

**Date of first contribution:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Frequency of contribution:** (check only one)

- ☐ Weekly – Mondays
- ☐ Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup>
- ☐ Monthly on the 1<sup>st</sup>

**Church fund designations and amounts:**☐ General Fund \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total**

Special Instructions:

**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: \_\_\_\_\_