



Calvary United Methodist Church

Authorization Form

52225742123

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form: [] New authorization [] Change banking/credit card information [] Change donation amount [] Discontinue electronic donation [] Change donation date

Last Name

First Name

Address

City

State

Zip

Email Address

Date of first donation:

____/____/____

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:

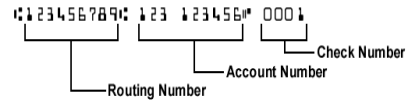
CHECKING / SAVINGS

Please debit my donation from my (check one):

- [] Savings Account (contact your financial institution for Routing #) [] 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. 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): [] Visa [] MasterCard [] American Express [] 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 in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____