

AUTHORIZATION FORM

ES13659

St. Margaret Mary Catholic Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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 _____

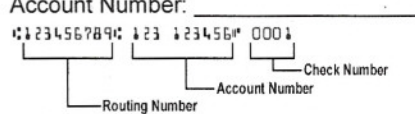
City	State	Zip
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Email Address _____

DATE OF FIRST DONATION: _____/_____/_____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> Stewardship \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> School Teachers' Fund \$ _____ <div style="text-align: right;">Total \$ _____</div>
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ANNUAL CONTRIBUTIONS:

<input type="checkbox"/> Easter Offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas Offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Sister Diocese (September)	\$ _____	Transferred September 1 st
<input type="checkbox"/> Retired Religious (December)	\$ _____	Transferred December 1 st
<input type="checkbox"/> Other Diocesan Collections	\$ _____	Date to be transferred ____/____/____

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 (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; text-align: center;">  <p>⑆ 23456789⑆ 123 123456⑆ 0001 Routing Number Account Number Check Number</p> </div>
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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): <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 in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____
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