

# AUTHORIZATION FORM

Christ on the Mountain Catholic Church

ES3822

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

Effective date of authorization: \_\_\_\_\_

Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change debit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

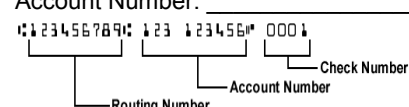
Last Name	First Name
-----------	------------

Address

City	State	Zip
------	-------	-----

Email Address

<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> Offertory Donation \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;"><b>Total \$ _____</b></p>
--	--	---

<b>CHECKING / SAVINGS</b>	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 below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
---------------------------	---	--

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: \_\_\_\_\_

<b>DEBIT CARD</b>	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
	Debit card Number: _____
	Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____

I authorize the above organization and Vanco Services to charge my debit card in accordance with the information above.

Signature (as it appears on the debit card): \_\_\_\_\_ Date: \_\_\_\_\_