

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Church of St. Michael

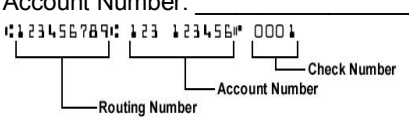
ES4559

Envelope # (leave blank if not applicable)			
Last Name		First Name	
Address			
City	State	Zip	

Date of first contribution: ____/____/____	Frequency of contribution: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Church fund designations and amounts: <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Uniting in Faith Campaign \$ _____ <p align="right">Total \$ _____</p>
Special Instructions: 		

Annual contributions: <input type="checkbox"/> Easter Offering \$ _____ One-time transfer on April 1 st <input type="checkbox"/> Christmas Offering \$ _____ One-time transfer on December 15 th <input type="checkbox"/> _____ \$ _____ Date to be transferred ____/____/____		
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CREDIT CARD	Please charge my contribution 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: _____		

CHECKING / SAVINGS	Please debit my contribution from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)		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: _____			