

AUTHORIZATION FORM

Spirit and Truth Fellowship

ES 9984

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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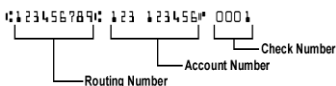
Effective date of authorization: _____

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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Please debit my donation from my: (check one) <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  <p><small>⑆ 23456789⑆ 23 23456⑆ 000⑆ └─── Routing Number └─── Account Number └─── Check Number</small></p>
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DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15th	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Deacon Fund \$ _____ Total \$ _____
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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: _____

