

AUTHORIZATION FORM

Electronic Giving

Peace Lutheran Church

MI1008

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking 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		Phone
Please debit my donation from my (check one):		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
<input type="checkbox"/> Checking Account (attach a voided check below)		Account Number: _____ <small>⑆⑆23456789⑆ ⑆23 ⑆23456⑆ 000⑆ Routing Number Account Number Check Number</small>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one)	FUNDS AND AMOUNTS:
	<input type="checkbox"/> Weekly on Mondays	<input type="checkbox"/> General/Operating \$ _____
	<input type="checkbox"/> Semi-monthly on the 1st and 15th	<input type="checkbox"/> L.O.M. \$ _____
	<input type="checkbox"/> Monthly on the 1st	<input type="checkbox"/> T.I.M. \$ _____
	<input type="checkbox"/> Monthly on the 15th	<input type="checkbox"/> Restore and Renew \$ _____
		<input type="checkbox"/> Other _____ \$ _____
		Total \$ _____
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: _____

Please attach voided check here.