

AUTHORIZATION FORM

Fairview Missionary Church

ES6510

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

Effective date of authorization: _____

Type of Authorization:

| | |
|---|--|
| <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 |
|------|-------|-----|

| | | |
|--|---|--|
| Date of first payment: _____ / _____ / _____ | FREQUENCY OF DONATION: (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th | FUNDS AND AMOUNTS: <ul style="list-style-type: none"> <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;">Total \$ _____</p> |
|--|---|--|

| | | |
|---------------------------|--|--|
| CHECKING / SAVINGS | Please debit my donation from my (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> ⑆ 23456789 ⑆ 23 23456* 000 ⑆ └─── Routing Number └─── Account Number └─── Check Number </small> |
| | I authorize the above company 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 | | |
| | <table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table> | Credit Card Number: | Expiration Date: |
| | Credit Card Number: | Expiration Date: | |
| | Name on Card: | | |
| | Billing Address (if different from above): | | |
| I authorize the above company and Vanco Services, LLC to charge my credit card in accordance with the information above. | | | |

Signature (as it appears on the credit card): _____ Date: _____

Please attach voided check over credit card section above if using checking account.