

AUTHORIZATION FORM

Congregational United Church of Christ

UCC761180

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

Effective date of authorization: _____

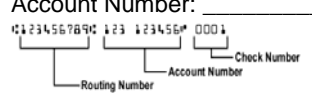
Type of Authorization Form:

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

| | |
|---|---|
| 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: _____  <small>⑆ 234567890 ⑆ 23 ⑆ 234567 ⑆ 000 ⑆ Routing Number Account Number Check Number</small> |
|---|---|

| | | |
|--|--|--|
| DATE OF FIRST DONATION: ____/____/____ | FREQUENCY OF DONATION: (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 | DESIGNATED AMOUNT: <input type="checkbox"/> General/Operating \$ _____ |
|--|--|--|

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: _____

