

AUTHORIZATION FORM

Spirit of Hope Catholic Community – Apostolic Catholic Orthodox Church

ES11215

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

Type of Authorization Form:

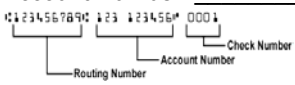
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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Email Address

<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p>  <p><small>⑆ 234567890 ⑆ 23 ⑆ 23456⑆ 0001</small></p> <p><small>Routing Number Account Number Check Number</small></p>
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<p>DATE OF FIRST DONATION:</p> <p>____/____/____</p>	<p>FREQUENCY OF DONATION: (check only one)</p> <p><input type="checkbox"/> Weekly on Mondays</p> <p><input type="checkbox"/> Semi-monthly on the 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p> <p><input type="checkbox"/> Quarterly (Mar 1, June 1, Sept 1, Dec 1)</p>	<p>FUNDS AND AMOUNTS:</p> <p><input type="checkbox"/> Regular Contribution \$ _____</p> <p><input type="checkbox"/> Emergency Fund \$ _____</p> <p><input type="checkbox"/> Annual – Christmas Offering \$ _____</p> <p>December 1</p> <p><input type="checkbox"/> Annual – Easter Offering \$ _____</p> <p>April 1</p>
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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: _____

