

# Prince of Peace Catholic Church

Show your support for our church!

## AUTHORIZATION FORM

Open your heart without opening your checkbook.

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		
Please debit my donation from my: (check one)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
<input type="checkbox"/> Checking Account (attach a voided check below)		Account Number: _____
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup>	FUNDS AND AMOUNTS: <input type="checkbox"/> Church Support/Stewardship                      \$ _____  Total \$ _____
ANNUAL CONTRIBUTIONS: <input type="checkbox"/> Thanksgiving Offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas Offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Easter Offering	\$ _____	Date to be transferred ____/____/____
<b>AGREEMENT</b>		
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: _____

<b>FOR OFFICE USE ONLY:</b> ENVELOPE/DONOR # _____ DATE _____
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