

AUTHORIZATION FORM

Holy Family Catholic Church

ES14177

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

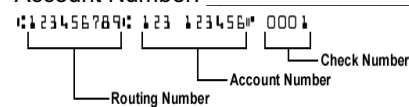
City	State	Zip
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Email Address

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly	FUNDS AND AMOUNTS: <input type="checkbox"/> Offertory \$ _____ <input type="checkbox"/> Cemetery Plot \$ _____ <input type="checkbox"/> Columbarium Niche \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
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ANNUAL CONTRIBUTIONS:

<input type="checkbox"/> Easter Offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Thanksgiving	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas Offering	\$ _____	Date to be transferred ____/____/____

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
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: _____		