

AUTHORIZATION FORM

St. Peter's United Church of Christ

UCC163800

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 contribution
<input type="checkbox"/> Change donation date	

Last Name	First Name	
Address		
City	State	Zip

Please debit my contribution from my: (check one)

Checking Account (attach a voided check below)

Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆ 2516 51070 225 1234567 8000 ⑆

Routing Number Account Number Check Number

DATE OF FIRST CONTRIBUTION: ____/____/____	FREQUENCY OF CONTRIBUTION: (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	CONTRIBUTION AMOUNT (for operating expenses) \$ _____
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ANNUAL CONTRIBUTIONS:

Easter Offering \$ _____ One-time transfer on April 1st

Christmas Offering \$ _____ One-time transfer on December 15th

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: _____

