

AUTHORIZATION TO OPEN NEW ACCOUNT OR CHANGE EXISTING CONTRIBUTION

St. John the Baptist Catholic Parish/Annual Operating Support

ES6482

| | | |
|---------------------|------------------|------|
| 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 |
|------|-------|-----|

| | | |
|--|---|---|
| DATE OF FIRST DONATION: ____/____/____ | FREQUENCY OF DONATION: <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 | FUNDS AND AMOUNTS: <input type="checkbox"/> Sunday Giving \$ _____ <input type="checkbox"/> One Spirit – Many Gifts (OSMG) \$ _____ <p style="text-align: right;">Total \$ _____</p> |
|--|---|---|

MISCELLANEOUS CONTRIBUTIONS:

Christmas Offering \$ _____ Transferred on December 15th

_____ \$ _____ 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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> 1234567890 123 12345678 0001 Routing Number Account Number Check Number </small> |
| | 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: _____ | | |

| | | | |
|---|---|---------------------------|------------------|
| CREDIT/DBIT CARD | Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | | |
| | <table style="width: 100%;"> <tr> <td style="width: 60%;">Credit/Debit Card Number:</td> <td style="width: 40%;">Expiration Date:</td> </tr> </table> | Credit/Debit Card Number: | Expiration Date: |
| | Credit/Debit Card Number: | Expiration Date: | |
| | Name on Card: | | |
| | Billing Address (if different from above): | | |
| I authorize the above church and Vanco Services, LLC to charge my credit/debit card in accordance with the information above. | | | |
| Signature (as it appears on the credit/debit card): _____ Date: _____ | | | |

Please attach voided check over credit card section above if using checking account.