

AUTHORIZATION FORM

St. Matthew United Church of Christ

UCC164240

FOR OFFICE USE ONLY	ENVELOPE #	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
Address		
City	State	Zip
Please debit my donation from my: (check one)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
<input type="checkbox"/> Checking Account (attach a voided check below)		Account Number: _____
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		<div><div>2345678901234567890000</div><div>Routing NumberAccount NumberCheck Number</div></div>
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one)	FUNDS AND AMOUNTS:
	<input type="checkbox"/> Semi-Monthly – 1 st and 16 th	<input type="checkbox"/> General/Operating \$ _____
	<input type="checkbox"/> Monthly on the 1 st	<input type="checkbox"/> Building \$ _____
		Total \$ _____
ANNUAL CONTRIBUTIONS:		
<input type="checkbox"/> Easter Offering	\$ _____	Transferred first banking day after Easter
<input type="checkbox"/> Christmas	\$ _____	Transferred first banking day after Christmas
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: _____		

Please attach voided check here.

**UNITED CHURCH
OF CHRIST**

