

AUTHORIZATION FORM

Peters Creek Baptist Church

ES10773

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization:

<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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Date of first payment: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th 	DESIGNATED AMOUNT: <ul style="list-style-type: none"> <input type="checkbox"/> Unified Budget \$ _____ <input type="checkbox"/> PAVE THE WAY Parking Lot Fund \$ _____
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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: _____

CHECKING / SAVINGS	Please debit my donation from my (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) 	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small>⑆123456789⑆ 123 123456⑆ 0001</small> <div style="display: flex; justify-content: space-around; font-size: small;"> <div style="text-align: center;">└─ Routing Number</div> <div style="text-align: center;">└─ Account Number</div> <div style="text-align: center;">└─ Check Number</div> </div>
I authorize the above company 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 a voided check if using checking account.