

AUTHORIZATION FORM

First Presbyterian Church

ES12625

FOR OFFICE USE ONLY	Account Number	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 contribution amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change contribution date	

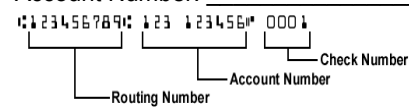
Last Name	First Name
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Address

City	State	Zip
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Email Address

<p>FREQUENCY OF CONTRIBUTION: (check only one)</p> <p><input type="checkbox"/> Semi-Monthly – 5th and 20th</p> <p><input type="checkbox"/> Monthly on the 5th</p> <p style="padding-left: 20px;">Date contributions to begin: ____/____/____</p> <p><input type="checkbox"/> One Time Contribution</p> <p style="padding-left: 20px;">Date of Contribution: ____/____/____</p>	<p>FUNDS AND AMOUNTS:</p> <p style="padding-left: 20px;">General/Operating Fund</p> <p><input type="checkbox"/> Pledged, 2011 \$ _____</p> <p><input type="checkbox"/> Unpledged \$ _____</p>
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CHECKING / SAVINGS	<p>Please debit my contribution from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p style="font-size: small; text-align: center;">  </p>
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I authorize the above organization and Vanco Services 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 CARD	<p>Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card</p>		
	<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
Credit Card Number:	Expiration Date:		
	Name on Card:		
	Billing Address (if different from above):		
	<p>I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.</p> <p style="padding: 5px;">Signature (as it appears on the credit card): _____ Date: _____</p>		

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