AUTHORIZATION FORM

Christ the King Cathedral **ES8608**

FOR OFFICE USE ONLY	**ENVELOPE #**	**DATE**

Effective date of authorization: _____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip

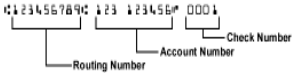
Please debit my contribution from my (check one):

❑ Checking Account (attach a voided check)

❑ Savings Account (contact your financial institution for Routing #)

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

Account Number: _____



Date of first contribution:	**Frequency of contribution:** (check only one)	**Church fund designations and amounts:**
_____/_____/_____	❑ Weekly – Mondays ❑ Semi-Monthly – 1st and 15th ❑ Monthly on the 1st ❑ Monthly on the 15th	❑ General Fund $ _____

Special Instructions:

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:_____