

# AUTHORIZATION FORM

The **Simply Giving** Program

endorsed by



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Name of Church _____  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 _____
Email Address _____		
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
<b>FIRST DONATION DATE:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General/Operating                \$ _____ <input type="checkbox"/> Building                                \$ _____ <input type="checkbox"/> Evangelism/Outreach                \$ _____ <input type="checkbox"/> _____                                \$ _____ <input type="checkbox"/> _____                                \$ _____  <div style="text-align: right;"><b>Total</b> \$ _____</div>
<b>AGREEMENT</b> 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.**

For your privacy, please return this form to Jo Ann Berdelman at the church office, or email to: church@foxpointchurch.org