

AUTHORIZATION FORM

Christ the King Cathedral

ES8608

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Effective date of authorization: _____

Type of Authorization Form: New Authorization Change banking information
 Change donation amount Discontinue electronic donation
 Change donation date

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: _____
Ⓜ 234567890 Ⓜ 23 Ⓜ 234567 0000
└─── Routing Number └── Account Number └── Check Number

Date of first contribution:

____/____/____

Frequency of contribution: (check only one)

- Weekly – Mondays
 Semi-Monthly – 1st and 15th
 Monthly on the 1st
 Monthly on the 15th

Church fund designations and amounts:

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: _____