

AUTHORIZATION FORM

Our Lady of Refuge Church

ES9647

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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
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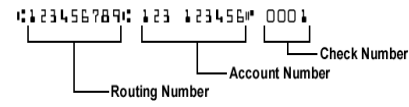
Address

City	State	Zip
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DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> Sunday Donation \$ _____ <input type="checkbox"/> Parish Improvements \$ _____ <input type="checkbox"/> For the Poor \$ _____ <input type="checkbox"/> Parish School \$ _____ <input type="checkbox"/> Together-in-Mission \$ _____ <input type="checkbox"/> Special Colletion of the Month \$ _____ <div style="text-align: right;">Total \$ _____</div>
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ANNUAL CONTRIBUTIONS:

<input type="checkbox"/> Easter Offering	\$ _____	One-time transfer on April 1 st
<input type="checkbox"/> Christmas Offering	\$ _____	One-time transfer on December 15 th
<input type="checkbox"/> _____	\$ _____	Date to be transferred ____/____/____

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
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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: _____

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	<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):		
	I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.		
	Signature (as it appears on the credit card): _____ Date: _____		

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