

# Authorization Form



## Vermont Conference of the United Church of Christ

Effective date of authorization: \_\_\_\_\_

Type of Authorization Form:     New authorization                       Change banking/credit card information  
     Change donation amount                       Discontinue electronic donation  
     Change donation date

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

<b>Date of first donation:</b> ____/____/____  <b>Date of last donation</b> ____/____/____	<b>Frequency of donation:</b> (please check one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	<b>Church fund designations and amounts:</b> <input type="checkbox"/> Friends of the VT Conference      \$ _____ <input type="checkbox"/> Our Church's Wider Mission      \$ _____ <input type="checkbox"/> Annual Meeting Registration      \$ _____ <input type="checkbox"/> Other _____      \$ _____  <p style="text-align: right;"><b>Total</b>      \$ _____</p>
<b>Special Instructions:</b> _____ _____		

**CREDIT CARD**

Please charge my donation to my (check one):     Visa     MasterCard     American Express     Discover Card

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: \_\_\_\_\_

**CHECKING / SAVINGS**

Please debit my donation from my (check one):

Savings Account (contact your financial institution for Routing #)

Checking Account (attach a voided check)

Routing Number: \_\_\_\_\_  
**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_

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: \_\_\_\_\_