

# Authorization Form



## Vermont Conference of the United Church of Christ

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

- Type of Authorization Form:
- |   |   |
|---|---|
| <input type="checkbox"/> New authorization      | <input type="checkbox"/> Change banking/credit card 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 \_\_\_\_\_

<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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>
		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: _____		