

AUTHORIZATION FORM

St. Joseph Catholic Church - Placentia

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change 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
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Address

City	State	Zip
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Email Address

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th 	FUNDS AND AMOUNTS: <ul style="list-style-type: none"> <input type="checkbox"/> Church \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> School Scholarship \$ _____ <input type="checkbox"/> Parish Ministries \$ _____ <p style="text-align: right;">Total \$ _____</p>
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CHECKING / SAVINGS	Please debit my donation from my (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) 	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 0 0 0 1 └─── Routing Number └─── Account Number └─── Check Number </small>
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I authorize the above organization and Vanco Services 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		
	<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 organization and Vanco Services to charge my credit card in accordance with the information above.			

Signature (as it appears on the credit card): _____ Date: _____