

Authorization Form



**EDWARDS CONGREGATIONAL
CHURCH**

UCC220610

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

Date of first donation:

____/____/____

Date of last donation (optional):

____/____/____

Frequency of donation: (please check only one)

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

Church fund designations and amounts:

- General/Operating \$ _____
 Other _____ \$ _____
Total \$ _____

Special Instructions:

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 for StillspeakingMoney® in accordance with the information above.

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

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: _____

⑆ 23456789⑆ 123 123456⑆ 0001
└─── Routing Number ───┬─── Account Number ───┬─── Check Number

I authorize the above church and Vanco Services, LLC to process debit entries to my account for StillspeakingMoney®. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____