Authorization Form

FIRST CONGREGATIONAL CHURCH

UCC161390

FOR OFFICE USE ONLY	DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking/credit card information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip

Date of first donation:

_____/_____/_____

Date of last donation (optional):

_____/_____/_____

Frequency of donation:

- ❑ Monthly on the 1st
- ❑ Quarterly
- ❑ Annually

Total pledge:

Forgive Us Our Debts Capital Campaign $ _____

Special Instructions:

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 for StillspeakingMoney® in accordance with the information above.

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

CHECKING / SAVINGS

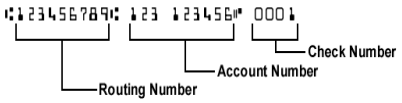
Please debit my donation from my (check one):

- ❑ 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 for StillspeakingMoney®. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

Please return this form to the church office for processing.