

# SAINT BEDE CATHOLIC CHURCH ELECTRONIC GIVING AUTHORIZATION FORM

|  |            |      |
|--|------------|------|
|  | ENVELOPE # | DATE |
|--|------------|------|

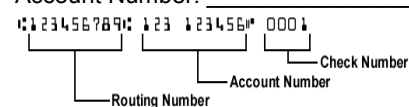
UsdÖæ^Á | Effective Öate of Ö@) \* ^: \_\_\_\_\_  
 Type of Authorization:
  New Authorization
  Change banking information  
 Change donation amount
  Discontinue electronic donation  
 Change donation date

|           |            |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

Address

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

|   |  |  |
|---|--|--|
| <b>Date of first payment:</b><br>____ / ____ / ____ | <b>FREQUENCY OF DONATION:</b> (check only one)<br><input type="checkbox"/> Weekly – Mondays<br><input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup><br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup> | <b>FUNDS AND AMOUNTS:</b><br><input type="checkbox"/> Usd, æá• @ \$ _____<br><input type="checkbox"/> Ú[ æá^ á ä ^ \$ _____<br><p style="text-align: right;"><b>Total</b> \$ _____</p> |
|---|--|--|

|                           |   |  |
|---------------------------|---|--|
| <b>CHECKING / SAVINGS</b> | Please debit my donation from my (check one):<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)<br><input type="checkbox"/> Checking Account (attach a voided check below) | Routing Number: _____<br><b>Valid Routing # must start with 0, 1, 2, or 3</b><br><br>Account Number: _____<br> |
|---------------------------|---|--|

I authorize the above company 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: \_\_\_\_\_

|                     |   |                     |                  |
|---------------------|---|---------------------|------------------|
| <b>CREDIT CARD</b>  | 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 |                     |                  |
|                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <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 company and Vanco Services, LLC to charge my credit card in accordance with the information above.<br><br>Signature (as it appears on the credit card): _____ Date: _____ |                     |                  |

**Please attach voided check over credit card section above if using checking account.**

**PLEASE CONTINUE MY ENVELOPES** \_\_\_\_\_

**PLEASE STOP MY ENVELOPES** \_\_\_\_\_