

AUTHORIZATION FORM

Seekonk Congregational Church
UCC680315

**UNITED CHURCH
 OF CHRIST**



Effective date of authorization: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking 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
Please debit my pledge from my: (check one) <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> ⑆ 23456789 ⑆ 23 23456 ⑆ 000 ⑆ Routing Number Account Number Check Number </small>
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st	CHURCH CONTRIBUTION: <input type="checkbox"/> Current Expenses \$ _____ <input type="checkbox"/> Mission \$ _____ <p style="text-align: right;">Total \$ _____</p>
OTHER OPTIONAL MONTHLY CONTRIBUTION <input type="checkbox"/> Deacons Fund: Provides financial assistance to members with special needs at the discretion of pastor and/or deacons. <input type="checkbox"/> Debt/Mortgage Reduction: Additional opportunity to assist in paying the church mortgage.	\$ _____ \$ _____	Monthly on the 1 st Monthly on the 1 st
AGREEMENT 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: _____		

Please attach voided check here.