

AUTHORIZATION FORM

St. Francis Xavier Church

ES2199

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE														
Effective date of authorization: _____ Type of Authorization Form: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation or payment amount</td> <td><input type="checkbox"/> Discontinue electronic donation or payment</td> </tr> <tr> <td><input type="checkbox"/> Change donation or payment date</td> <td></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Change donation or payment amount	<input type="checkbox"/> Discontinue electronic donation or payment	<input type="checkbox"/> Change donation or payment date									
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Last Name		First Name														
Address																
City		State Zip														
Email Address																
DATE OF FIRST DONATION OR PAYMENT: ____/____/____	FREQUENCY OF DONATION OR PAYMENT: (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> One-time on the 5th or 20th of the month <input type="checkbox"/> Semi-monthly on the 5th and 20th <input type="checkbox"/> Monthly on the 5th <input type="checkbox"/> Monthly on the 20th <input type="checkbox"/> Quarterly on the 5th or 20th (August, November, February & May or to be determined) 	FUNDS AND AMOUNTS: <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> General Operating</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Debt Reduction</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> School Tuition</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Preschool Tuition</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> RE Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Other _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td colspan="2" style="text-align: right;">Total \$ _____</td></tr> </table>	<input type="checkbox"/> General Operating	\$ _____	<input type="checkbox"/> Debt Reduction	\$ _____	<input type="checkbox"/> School Tuition	\$ _____	<input type="checkbox"/> Preschool Tuition	\$ _____	<input type="checkbox"/> RE Fee	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total \$ _____	
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Total \$ _____																
ANNUAL CONTRIBUTIONS: <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Easter Offering</td> <td style="text-align: right;">\$ _____</td> <td>Date to be transferred ____/____/____</td> </tr> <tr> <td><input type="checkbox"/> Christmas Offering</td> <td style="text-align: right;">\$ _____</td> <td>Date to be transferred ____/____/____</td> </tr> </table>			<input type="checkbox"/> Easter Offering	\$ _____	Date to be transferred ____/____/____	<input type="checkbox"/> Christmas Offering	\$ _____	Date to be transferred ____/____/____								
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CHECKING / SAVINGS	Please debit my donation or payment 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 (staple a voided check below) 															
	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. 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 or payment to my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card (check one):															
	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 in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____															