AUTHORIZATION FORM

New Hope Community Church **ES9291**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:
- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip

Please debit my donation from my (check one):

❑ Checking Account (attach a voided check below)

❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 ⑈123456⑈ 0001

Check Number

Account Number

Routing Number

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION: (check only one)
- ❑ Weekly – Fridays
- ❑ Bi-weekly
- ❑ Semi-Monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th

FUNDS AND AMOUNTS:
- ❑ General/Operating $ _____
- ❑ Land/Building $ _____
- ❑ Community Care $ _____
- ❑ Missions $ _____

Total $ _____

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.