

Authorization Form

Rocky Hill Congregational Church



Effective date of authorization: _____

UCC082000

- Type of Authorization Form:
- | | |
|---|---|
| <input type="checkbox"/> New authorization | <input type="checkbox"/> Change banking/credit card 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 _____

Email Address _____

Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th 	Church fund designations and amounts: <ul style="list-style-type: none"> <input type="checkbox"/> Local Operating \$ _____ <input type="checkbox"/> Benevolence \$ _____ <li style="text-align: right;">Total \$ _____
--	--	---

Special Instructions: Please indicate the amount of the periodic donation, and not an annual amount.

CHECKING / SAVINGS	Please debit my donation 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 (attach a voided check) 	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 * 0 0 0 1 └─── Routing Number └─── Account Number └─── Check 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: _____		