

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: _____ |
| | 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: _____ |