

CAPITAL APPEAL AUTHORIZATION FORM

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
St. Andrew's Evangelical Lutheran Church		
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
Email Address		
Please debit my donation from my (check one):		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		<i>Valid Routing # must start with 0, 1, 2, or 3</i>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		<small>⑆ 0234567890 123 456789 0001 Routing Number Account Number Check Number</small>
FIRST DONATION DATE: ____/____/____	FREQUENCY OF DONATION:	FUNDS AND AMOUNTS:
	<input type="checkbox"/> Weekly on Monday	<input type="checkbox"/> Capital Appeal \$ _____
	<input type="checkbox"/> Monthly on the 1 st	
	<input type="checkbox"/> Monthly on the 15 th	
	<input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	
	<input type="checkbox"/> Other _____	
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.