

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

All Saints Parish

ES3627

Envelope # (leave blank if not applicable)

Last Name

First Name

Address

City

State

Zip

Date of first contribution:

____/____/____

Frequency of contribution: (please check only one)

- Weekly – Mondays
- Semi-Monthly – 5th and 20th
- Monthly on the 5th
- Monthly on the 20th

Church fund designations and amounts:

- Church Offertory \$ _____
- Building Fund \$ _____

Total \$ _____

Annual Contributions:

- All Saints Day \$ _____
- Immaculate Conception \$ _____
- Christmas Flowers for Church \$ _____
- Christmas Offering \$ _____
- Solemnity of Mary \$ _____
- Easter Offering \$ _____
- Ascension \$ _____
- Assumption \$ _____
- Christmas in August \$ _____

- Transferred on November
- Transferred on December
- Transferred on December
- Transferred on December
- Transferred on January
- Transferred on April
- Transferred on May
- Transferred on August
- Transferred on August

- 5th 20th
- 5th 20th
- 5th 20th
- 5th 20th
- 5th 20th
- 5th 20th
- 5th 20th
- 5th 20th
- 5th 20th

CREDIT CARD

Please charge my contribution to my (check one): Visa MasterCard American Express Discover Card

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: _____

CHECKING / SAVINGS

Please debit my contribution from my (check one):

- Savings Account (contact your financial institution for Routing #)
- Checking Account (attach a voided check)

Routing Number: _____

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

Account Number: _____

01234567890 123 1234567 0001
Routing Number Account Number Check 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: _____