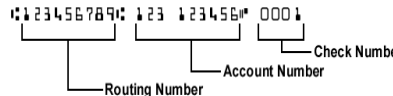


# VANCO/SIMPLY GIVING AUTHORIZATION FORM

Name of the organization: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>	
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> General/Operating Funds <input type="checkbox"/> Building <input type="checkbox"/> Mission of the Month <input type="checkbox"/> Other _____	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____
<b>TOTAL CONTRIBUTION:</b>			
\$ _____			
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____  <p style="font-size: small; margin: 0;">                     ⑆ 23456789 ⑆ 23 23456 ⑆ 000 ⑆                      ↳ Routing Number      ↳ Account Number      ↳ Check Number                 </p>	
	I authorize the above organization 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: _____

*If using a checking account, please attach a voided check at the bottom of this page.*