

E-TITHING AUTHORIZATION FORM

St. John the Evangelist Catholic Church

ES13561

Last Name		First Name	
Address			
City		State	Zip
Email Address		Envelope #	

Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change checking or saving information
<input type="checkbox"/> Change Offertory amount	<input type="checkbox"/> Change credit card information
<input type="checkbox"/> Change Offertory frequency	<input type="checkbox"/> Discontinue electronic donation

Authorized Signature: _____ Effective date of Authorization: _____

E-Tithing Offertory Starting Month: _____	OFFERTORY FREQUENCY: (check only one) <input type="checkbox"/> Weekly on Fridays <input type="checkbox"/> Monthly on the 4 th (or the next business day if the 4 th falls on a weekend or holiday)	OFFERTORY AMOUNT: <input type="checkbox"/> Weekly \$ _____ <input type="checkbox"/> Monthly \$ _____
--	--	---

CHECKING / SAVINGS	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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize the above organization and Vanco Services 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: _____	

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____ (as it appears on the credit card)	