

EFT AUTHORIZATION FORM

Norris Religious Fellowship

ES10787

Effective date of authorization: _____/_____/_____								
Type of Authorization Form: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> New Authorization</td> <td style="width: 33%;"><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>			<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	
<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						
Phone	Email							
Please debit my donation from my: (check one) . <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing#)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____							
DATE OF FIRST DONATION: _____/_____/_____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> * Monthly on the 1 st <input type="checkbox"/> * Monthly on the 15 th <input type="checkbox"/> Semi-Monthly – 1 st and 15 th * Preferred Options	FUNDS AND AMOUNTS (per donation): <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ Total \$ _____						
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.

Return to the Treasurer, Assistant Treasurer, Minister or the Office.
 For privacy, you can place this in a sealed envelope.
 Thank you very much!