AUTHORIZATION FORM

Trinity United Church of Christ

UCC526020

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

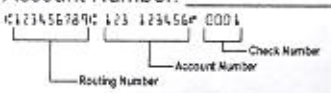
Last Name	First Name	
Address		
City	State	Zip
Email Address		

Please debit my donation from my: (check one)

- ❑ Checking Account (attach a voided check below)
- ❑ 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)

- ❑ Semi-Monthly – 5th and 20th
- ❑ Monthly on the 5th
- ❑ Monthly on the 20th
- ❑ One-time

❑ Check here if you no longer wish to receive the Trinity Offering Envelopes. Envelope number _____ if you know it.

FUNDS AND AMOUNTS:

- ❑ General Fund $_____
- ❑ Building $_____
- ❑ Breakfast $_____
- ❑ Flowers $_____
- ❑ Memorial $_____
- ❑ Relay for Life $_____

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.

UNITED CHURCH OF CHRIST