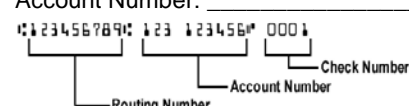


AUTHORIZATION FORM

St. Ignatius of Loyola

ES2784

| | | |
|--|--|--|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
| Effective date of authorization: _____ Type of Authorization Form: <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 |
| DATE OF FIRST DONATION: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> One time only | FUNDS AND AMOUNTS: <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Maintenance \$ _____ <input type="checkbox"/> Parking Lot Fund \$ _____ <input type="checkbox"/> Diocesan \$ _____ <input type="checkbox"/> Poor Box/ Empty Pockets \$ _____ <input type="checkbox"/> Catholic Schools \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <input type="checkbox"/> Religious Education Tuition \$ _____ <input type="checkbox"/> Youth Events \$ _____ <input type="checkbox"/> Haiti \$ _____ <p style="text-align: right;">TOTAL</p> |
| ANNUAL CONTRIBUTIONS: <input type="checkbox"/> Easter Offering \$ _____ <input type="checkbox"/> Christmas Offering \$ _____ <input type="checkbox"/> Easter Flowers \$ _____ <input type="checkbox"/> Christmas Flowers \$ _____ | | Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____ |
| 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 (staple a voided check below) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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: _____ | |
| 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 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: _____ | |

Place voided check over CC section