## **AUTHORIZATION FORM**

St. Ignatius of Loyola ES2784

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE		
		New Authorization Change donation amount Change donation date	<u> </u>	Change banking information Discontinue electronic donation		
Last Name				First Name		
Address						
City				State Zip		
DA	TE OF FIRST DONATION:		FREQUENCY OF DONATIO  ☐ Weekly – Mondays ☐ Semi-Monthly – 1 <sup>st</sup> and 1 ☐ Monthly on the 1 <sup>st</sup> ☐ Monthly on the 15 <sup>th</sup> ☐ Quarterly ☐ Annually ☐ One time		FUNDS AND AMOUNTS:  Regular Sunday Offering \$ Maintenance of Bldgs /Prop \$ Mortgage Reduction \$ Diocesan \$ Poor Box/ Empty Pockets \$ Catholic Schools \$ Fundraisers \$ Faith Formation Tuition \$ Haiti \$ Total \$	
ANNUAL CONTRIBUTIONS:  ☐ Easter Offering ☐ Christmas Offering ☐ Easter Flowers ☐ 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):  Savings Account (contact your financial institution for Routing #)  Checking Account (staple a voided check below)			#)	Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:  Check Number  Routing Number	
СНЕСКІ	I authorize the above church 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 charge my donation to my (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card					
	Credit Card Number:			Expiration Date:		
CREDIT CARD	Name on Card:				Phone:	
	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:					