## **AUTHORIZATION FORM**

FOR OFFICE USE ONLY



DATE

|   | •   |   |  | •  |  |
|---|---|---|--|--|--|
| Name of the church: Trinity Lutheran Church - Monticello, Minnesota   |   |   |  |  |  |
| Effective date of authorization:  | 1 1   |   |  |  |  |
|   |   |   | <ul><li>□ Change banking information</li><li>□ Change donation amount</li><li>□ Change donation date</li></ul> |  |  |
| Last Name   |   |   | First Name   |  |  |
| Address   |   |   |  |  |  |
| City  |   | State   |  | Zip  |  |
| Email Address   |   | 1   |  |  |  |
| 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:  Check Number  Account Number                     |  |  |  |
| FIRST DONATION DATE:  | FREQUENCY OF DONATION:  ☐ Weekly on Monday  ☐ Weekly on Friday  ☐ Semi-monthly  (transferred on 1st and 15th of each nother than 1st and 15th of each nother 1st and 15th of each nother 1st and 15th and 15th of each nother 1st and 15th a | y on Monday<br>y on Friday<br>nonthly<br>rred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)<br>ly on the 1 <sup>st</sup> |  | FUNDS AND AMOUNTS:  General Fund (Operating) \$  Building Fund (Mortgage) \$  Other \$  Total \$ |  |
| AGREEMENT I authorize Trinity Lutheran 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 (30 days or more) to terminate the authorization.  Authorized Signature: |   |   |  |  |  |
|   | ase attach voided check here.   |   |  |  |  |
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ENVELOPE/DONOR #