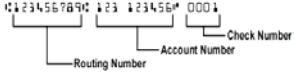


AUTHORIZATION FORM

St. Ann's Catholic Church

ES14129

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
Email Address		
Please debit my donation from my (check one):		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		Valid Routing # must start with 0, 1, 2, or 3
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Monthly on the 5 th	FUNDS AND AMOUNTS:
		<input type="checkbox"/> Offertory \$ _____
		<input type="checkbox"/> Capital Campaign \$ _____
		<input type="checkbox"/> Debt Elimination \$ _____
		<input type="checkbox"/> Memorial Fund \$ _____
		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.