AUTHORIZATION FORM



FOR OFFICE USE ONLY		DONOR #:		DATE:	
Name of the organization:					
Last Name			First Name		
Address					
City			State		Zip
Email Address					
DONATION:					
Date of first donation: /	Monthly on the 1 st ☐ Monthly on the 15 th ☐ Bi-Weekly (every other week)			Amount of first donation: \$ Amount of last donation (optional): \$	
Please debit donations 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 Routing Number		
AGREEMENT I authorize the above organization 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 staple voided check here.					