

AUTHORIZATION FORM for ACH Transactions / Electronic Charitable Donations
 Blessed Sacrament Catholic Church, West Fargo, North Dakota (Church) ES10667

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change Amount	<input type="checkbox"/> Discontinue
<input type="checkbox"/> Change Banking Information	<input type="checkbox"/> Change Date	<input type="checkbox"/>

Name (F M I L) _____

Mailing Address _____

Email Address _____

Tele #s	H: _____	W: _____	Cell: _____
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Debit Donation From:

<input type="checkbox"/> Checking Acct (attach voided check)	<input type="checkbox"/> Savings Acct (contact financial institution for routing #)
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Routing No. (valid routing # must start with 0, 1, 2, or 3 (see reverse side of form))

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Account No. (do not include last digits which refer to the current check number):

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Fund Applied to:	1st Donation Date	Frequency		Amount
<input type="checkbox"/> General / Weekend Giving		<input type="checkbox"/> weekly: Monday <input type="checkbox"/> quarterly	<input type="checkbox"/> monthly: <input type="checkbox"/> 1st or <input type="checkbox"/> 15th <input type="checkbox"/> bi-monthly: 1st and 15th	\$
<input type="checkbox"/> Poor <input type="checkbox"/> Other:		<input type="checkbox"/> weekly: Monday <input type="checkbox"/> quarterly	<input type="checkbox"/> monthly: <input type="checkbox"/> 1st or <input type="checkbox"/> 15th <input type="checkbox"/> bi-monthly: 1st and 15th	\$
<input type="checkbox"/> Improvements		<input type="checkbox"/> weekly: Monday <input type="checkbox"/> quarterly	<input type="checkbox"/> monthly: <input type="checkbox"/> 1st or <input type="checkbox"/> 15th <input type="checkbox"/> bi-monthly: 1st and 15th	\$

AGREEMENT I authorize 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.

Effective Date of Authorization _____

Authorized Signature: _____

Attach/Staple Voided Check to This Authorization Form