

# AUTHORIZATION FORM

Trinity Southern Baptist Church

ES10598

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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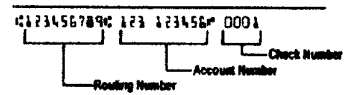
Effective date of authorization: \_\_\_\_\_

Type of Authorization Form:     New Authorization                       Change banking information  
     Change donation amount                       Discontinue electronic donation  
     Change donation date

Last Name	First Name	
Address		
City	State	Zip

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	FUNDS AND AMOUNTS: <input type="checkbox"/> General Budget                      \$ _____ <input type="checkbox"/> Faith Odyssey/Building Fund       \$ _____ <div style="text-align: right;">Total \$ _____</div>
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ANNUAL CONTRIBUTIONS: <input type="checkbox"/> Lottie Moon/International Missions <input type="checkbox"/> Annie Armstrong/North American Missions <input type="checkbox"/> State Missions	\$ _____ \$ _____ \$ _____	Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____
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<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ <div style="font-size: small; text-align: center;">  <p>Routing Number                      Account Number                      Check Number</p> </div>
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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: \_\_\_\_\_

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card Credit Card Number: _____                      Expiration Date: _____ Name on Card: _____ 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: _____
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**Please attach voided check over credit card section above if using checking account.**