

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

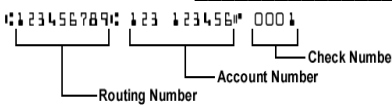
Diocese of Olympia

ES8463

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

Envelope # (leave blank if not applicable)			
Last Name		First Name	
Address			
City	State	Zip	

Date of first contribution: _____ / _____ / _____	Frequency of contribution: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Contribution amount: \$ _____
Special Instructions: _____		

CHECKING / SAVINGS	Please debit my contribution 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: _____ 
	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: _____	

CREDIT CARD	Please charge my contribution 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 organization and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	