## **AUTHORIZATION FORM**



FOR OFFICE USE ONLY			ENVELOPE/DONOR #		DATE		
Grace Lutheran Church							
Effective date of authorization:/							
Type of Authorization Form:  New Authorization  Change donation amount  Change donation date							
Last Name				First Name			
Address							
City				State Zip			
Email Address							
			EQUENCY OF DONATION:  Weekly on Monday  Monthly on the 1 <sup>st</sup> Monthly on the 15 <sup>th</sup> Semi-Monthly  (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each	□ G □ B □ E		angelism/Outreach	\$ \$ \$ \$ \$
CHECKING / SAVINGS	Please debit my donation from my (check one):  Savings Account (contact your financial institution for Routing #)  Checking Account (attach a voided check below)			Routing Number:			
	I authorize the above church and Vanco Services 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 donation to my (check one):    Visa    MasterCard    American Express    Discover Card						
	Credit Card Number:				Expiration Date:		
	Name on Card:						
	Billing Address (if different from above):						
	I authorize the above church and Vanco Services to charge my credit card in accordance with the information above.						
	Signature (as it appears on the credit card): Date:						