

Authorization Agreement for Automatic Withdrawal of Funds

Please check one: New agreement Renewal of existing agreement Change of existing agreement

St. Francis Borgia Catholic Church

ES1591 (revised 10/06/09)

Envelope No. _____ (to be assigned by the parish business office)
Name (print) _____
Street Address _____
City _____ **State** _____ **Zip Code** _____

I would like to make the following contribution beginning on: _____ (start date)

Church Fund:	Dollar Amount	Frequency
<input type="checkbox"/> Church Support	\$ _____	<input type="checkbox"/> One-Time <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Monthly, 1 st or 15 th (circle your choice)
<input type="checkbox"/> Christian Formation	\$ _____	<input type="checkbox"/> One-Time <input type="checkbox"/> Monthly, 1 st or 15 th (circle your choice)
<input type="checkbox"/> Endowment Fund (Parish)	\$ _____	<input type="checkbox"/> One-Time <input type="checkbox"/> Monthly, 1 st or 15 th (circle your choice)
<input type="checkbox"/> Endowment Fund (School)	\$ _____	<input type="checkbox"/> One-Time <input type="checkbox"/> Monthly, 1 st or 15 th (circle your choice)
<input type="checkbox"/> Human Concerns	\$ _____	<input type="checkbox"/> One-Time <input type="checkbox"/> Monthly, 1 st or 15 th (circle your choice)
<input type="checkbox"/> St. Vincent de Paul	\$ _____	<input type="checkbox"/> One-Time <input type="checkbox"/> Monthly, 1 st or 15 th (circle your choice)
<input type="checkbox"/> Uganda Twinning	\$ _____	<input type="checkbox"/> One-Time <input type="checkbox"/> Monthly, 1 st or 15 th (circle your choice)

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
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I authorize **St. Francis Borgia Catholic Church** and **Vanco Services, LLC** to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until I have cancelled it in writing to **St. Francis Borgia Catholic Church**. If I wish to cancel my authorization or make any changes to the above information, I will notify **St. Francis Borgia Catholic Church** to effect such cancellation or change. I have attached a voided check or savings deposit slip for use in my donation authorization.

Signature: _____ Date: _____

CREDIT / DEBIT CARD	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 St. Francis Borgia Catholic 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: _____	