

Authorization Agreement for Automatic Withdrawal of Funds

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

***If this is a renewal, please re-enter your pledge information. Thank you.

St. Francis Borgia Catholic Church

ES1591 (revised 9/9/2010)

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)

<u>Church Fund:</u>	<u>Dollar Amount</u>	<u>Frequency</u>
<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: _____
	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: _____	