

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. Bridget Catholic Church

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

Date of first contribution: ____/____/____	Frequency of contribution: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 5 th <input type="checkbox"/> Monthly on the 20 th	Church fund designations and amounts: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Youth Group \$ _____ <input type="checkbox"/> Stewardship \$ _____ <input type="checkbox"/> Other \$ _____ <p align="right">Total</p>
		Special Instructions:
Annual contributions: <input type="checkbox"/> Easter Offering \$ _____ One-time transfer on April 1 st <input type="checkbox"/> Christmas Offering \$ _____ One-time transfer on December 15 th <input type="checkbox"/> _____ \$ _____ Date to be transferred ____/____/____		

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 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: _____		

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 (attach a voided check)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
		Account Number: _____
I authorize St Bridget 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: _____		