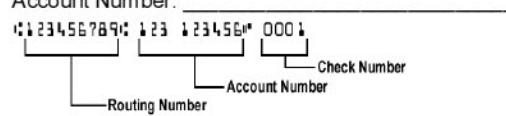


Peace United Church of Christ

VANCO AUTHORIZATION FORM – Checking or Credit Card

Form Revision Date 01/01/201!		DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/ Fund <input type="checkbox"/> Monthly Outreach Moment <input type="checkbox"/> Pastor Samaritan Fund <input type="checkbox"/> Music Ministry <div style="text-align: right;"> Total from above \$ _____ </div> <input type="checkbox"/> Optional (Credit Card Donations x 2.75% Only): Add an additional 2.75% to defray card processing fees <div style="text-align: right;"> Grand total \$ _____ </div>
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 the above organization 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 / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization to process transactions in accordance with the information above.	
	Signature (as it appears on the card): _____ Date: _____	

If using a checking account, please attach a voided check over the credit/debit card section above.