


**AUTHORIZATION Form
FOR AUTOMATIC WITHDRAWAL OF FUNDS
AND CREDIT CARD CHARGES**



TRINITY LUTHERAN CHURCH

511 S 5th Street
Saint Peter, MN 56082
507-934-4786

VANCO Payment Solutions
1-800-675-7430

FOR OFFICE USE ONLY	DATE	ENV. #
Today's Date: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change contribution amount <input type="checkbox"/> Change contribution date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
<input type="checkbox"/> My contact information is already on file		
Address		
City		State Zip
Email		
DATE OF FIRST CONTRIBUTION: ____/____/____	FREQUENCY OF CONTRIBUTION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> One time donation	FUNDS: <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Building Improvement Fund \$ _____ <input type="checkbox"/> Missionary Sponsorship \$ _____ <input type="checkbox"/> World Hunger \$ _____ <input type="checkbox"/> Other: _____ \$ _____ Total: \$ _____
ANNUAL CONTRIBUTIONS		
<input type="checkbox"/> Easter offering \$ _____ <input type="checkbox"/> Thanksgiving offering \$ _____ <input type="checkbox"/> Christmas offering \$ _____	Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____	
CHECKING/SAVINGS	Please debit my contribution from my (check one): <input type="checkbox"/> My account information is already on file <input type="checkbox"/> Checking Account (new authorization and/or new banking information, please attached voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; text-align: center;"> 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 0 0 1 _____ Routing Number _____ Account Number _____ Check Number </div>
OR		
CREDIT CARD	Please charge my contributions to: (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other: _____	Name on Card: _____ Credit Card Number: _____ _____ Expiration Date: ____/____
I authorize the above organization to process debit entries to my account and/or charge my credit card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____ Date: _____		 Trinity Lutheran Church