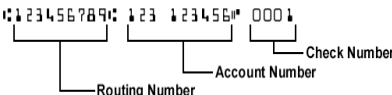


VANCO E-GIVING AUTHORIZATION FORM

Name of the organization: Beaver Valley Lutheran Church

FOR OFFICE USE ONLY		ENVELOPE/Contributor #		DATE	
Effective date of authorization: ____/____/____					
Type of authorization: ☐ New authorization ☐ Change donation amount ☐ Change donation date ☐ Change banking information ☐ Discontinue electronic donation					
Last Name			First Name		
Address					
City				State	Zip
Email Address					
DATE OF FIRST DONATION: ____/____/____		FREQUENCY OF DONATION: ☐ Weekly – Mondays ☐ Monthly on the 1 st ☐ Monthly on the 15 th		FUNDS: ☐ General/Operating ☐ Revitalization ☐ Other _____	
				AMOUNTS: \$ _____ \$ _____ \$ _____	
				Total from above \$ _____	
CHECKING / SAVINGS	Please debit my donation from my (check one): ☐ Savings Account (contact your financial institution for Routing #) ☐ Checking Account (attach a voided check below)			Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  Routing Number Account Number Check 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): ☐ Visa ☐ MasterCard ☐ American Express ☐ 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.