AUTHORIZATION FORM

Parkside Christian Church **ES9875**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:
- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip

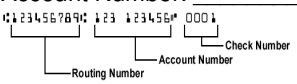
Please debit my donation from my (check one):

❑ Checking Account (attach a voided check below)

❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION: (check only one)
- ❑ Weekly on Mondays
- ❑ Semi-monthly on the 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th

FUNDS AND AMOUNTS:
- ❑ General/Operating (Salem Rd. Campus) $_____
- ❑ Missions (Kingdom) $_____
- ❑ General/Operating (River Campus) **$**_____

Total $_____

AGREEMENT

I authorize the above 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:_____

Please attach voided check here.