ELECTRONIC GIVING AUTHORIZATION

ST. JOSEPH PARISH – GRAFTON, WI

By signing the front of this form you are authorizing St. Joseph Parish <u>to manage your Vanco online giving for you</u>. Transactions will be set up/processed using the information found on both the front and back sides of this Electronic Giving Authorization form.
If using a <u>checking account</u>, please attach a voided check over the credit card section above.

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❑ New authorization
- ❑ Change banking/credit card information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION: _____/_____/_____	❑ **BACK SIDE OF FORM CONTAINS INFORMATION REGARDING DONATION AMOUNT AND CATEGORY**	

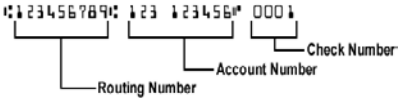
CHECKING / SAVINGS

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: _____



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: _____

FOR OFFICE USE ONLY	**ENVELOPE/DONOR #**	**DATE**