

# AUTHORIZATION FORM



**Company Name:** Trinity Lutheran Church, P.O. Box 8, 501 E. Chetac Ave., Birchwood, WI 54817

FOR OFFICE USE ONLY	CUSTOMER #	DATE						
Effective date of authorization: _____ Type of Authorization Form: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change payment amount</td> <td><input type="checkbox"/> Discontinue electronic payment</td> </tr> <tr> <td><input type="checkbox"/> Change payment date</td> <td></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment	<input type="checkbox"/> Change payment date	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information							
<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment							
<input type="checkbox"/> Change payment date								
Last Name		First Name						
Street Address								
City	State	Zip						
Email Address (if you would like to receive email notifications)								
<b>Date of first payment:</b> ____/____/____  <b>Date of last payment (optional):</b> ____/____/____	<b>Frequency of payment:</b> (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>Amount of ongoing payment:</b> \$ _____  <b>Amount of last payment (optional):</b> \$ _____						
<b>CHECKING / SAVINGS</b>	Please debit payments 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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 						
	I authorize the above company 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: _____							
<b>CREDIT CARD</b>	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card							
	Credit Card Number:	Expiration Date:						
	Name on Card:							
	Billing Address (if different from above):							
	I authorize the above company and Vanco Services, LLC to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____							

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