

SIMPLY GIVING Authorization Form

Please Print Clearly

CHURCH NAME

YOUR NAME

ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

I would like to make the following contribution(s):

- General Operating Fund \$ _____
- Other \$ _____
- Other \$ _____
- TOTAL \$ _____

Date of first contribution: ____/____/____

Frequency of contribution (check one):

- Weekly, Mondays Semi-Monthly, 1st & 15th
- Monthly, 1st Monthly, 15th

CHECKING / SAVINGS

Complete this section with the information from your account.

Please debit my (check one):

- Checking Account - attach VOIDED check
- Savings Account - attach VOIDED deposit slip

BANK ROUTING #

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ACCOUNT #

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I authorize the above organization and Vanco Services to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

SIGNATURE

DATE