

Authorization Form



The First Church in Oberlin, UCC

Effective date of authorization: _____

Type of Authorization Form: 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: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Church fund designations and amounts: <input type="checkbox"/> General/Operating \$ _____ <p style="text-align: right;">Total \$ _____</p>
--	---	--

Special Instructions: _____

CREDIT CARD	Please charge my donation 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 church and Vanco Services, LLC to charge my credit card for StillspeakingMoney® in accordance with the information above.	
	Signature (as it appears on the credit card): _____ Date: _____	

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
---------------------------	---	--

I authorize the above church and Vanco Services, LLC to process debit entries to my account for StillspeakingMoney®. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____