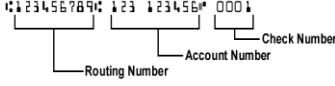


# AUTHORIZATION FORM

Edina-Morningside Community Church

UCC360380

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	
<input type="checkbox"/> Change donation date		
Last Name	First Name	
Address		
City	State	Zip
Please debit my donation from my: (check one)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>	
<input type="checkbox"/> Checking Account (attach a voided check below)	Account Number: _____	
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	 Routing Number      Account Number      Check Number	
DATE OF FIRST DONATION: ____/____/____	DONATION DATE: Monthly on the 15 <sup>th</sup>	DESIGNATED AMOUNT (Stewardship): \$ _____
<b>AGREEMENT</b> 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.*

**UNITED CHURCH  
OF CHRIST**

