

St. John's Electronic Offerings: Authorization, and Agreement Form

Offering Envelope # (Optional) _____ Phone Number _____

Name on Bank Account _____

Address _____

City _____ State _____ Zip _____

Please debit my contributions from my Checking Account Savings Account

Routing Number _____ Account Number _____

Credit Card Name on Card _____

Credit Card Number _____

Expiration Date _____ CSC/CVV 3 or 4 Digit Code _____

I would like to make the following monthly contributions:

Operating Expenses \$ _____ Communion \$ _____

Our Church's Wider Mission \$ _____ Property Needs \$ _____

Other (please specify) \$ _____ / \$ _____

Deduct monthly on the 1st and/or 15th. (Please pick one or both),

beginning _____ (date)

I authorize St. John's UCC Fullerton and Vanco Services, LLC to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Signature _____ Date _____

To protect security, please hand-deliver to the Financial Secretary or Church Office. Thank You!