AUTHORIZATION FORM

Trinity United Church of Christ

UCC526020

FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE	
.,,,,	New AuthorizationChange donation amountChange donation date	☐ Change bank☐ Discontinue €	ting information electronic donation	
Last Name		First Name		
Address				
City		State	Zip	
Email Address				
☐ Checking Account (attach a voided check below) ☐ Checking Account (attach a voided check below) ☐ Account (attach a voided check below)		Account Number:	Check Number —Account Number	
DATE OF FIRST DONATION:	FREQUENCY OF DONATION Semi-Monthly – 5 th and 2th Monthly on the 5 th Monthly on the 20 th One-time		FUNDS AND AMOUNTS: General Fund Building Breakfast Flowers Relay for Life Total \$	
AGREEMENT 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.				