

# EFT AUTHORIZATION FORM

**Norris Religious Fellowship**

**ES10787**

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
Phone	Email	
Please debit my donation from my: (check one) .  <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing#)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3  Account Number: _____  	
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one)  <input type="checkbox"/> * Monthly on the 1 <sup>st</sup> <input type="checkbox"/> * Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup>  * Preferred Options	FUNDS AND AMOUNTS (per donation):  <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____  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.*

Return to the Treasurer, Susan Gawarecki, or the Office.  
 For privacy, you can place this in a sealed envelope.  
 Thank you very much!