



St. Andrew's United Methodist Church	E-Giving Authorization Form	75155359133
DATE: _____		
Type of Authorization Form: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking/credit card 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 _____
Date of first donation: ____ / ____ / ____	Frequency of donation: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <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 \$ _____ <input type="checkbox"/> Other _____ \$ _____ Total \$ _____
Special Instructions: _____		
CHECKING / SAVINGS	Please withdraw 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. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____		Date: _____

Upon completion of this form, please return it and a voided check to Treasurer in the church finance office.

You may also mail it to the church:

3315 Bryan Road

Brandon, FL 33511

or fax to 813-662-0013