

ALL SAINTS CATHOLIC CHURCH
Authorization/Change Form for Electronic Contribution

Name:		Envelope Number:
Address:		Phone:
City:	State:	Zip Code:

Start/Change date: _____ *End Date:* _____

- New Authorization
 Change Contribution Amount
 Change Contribution Date
 Change Financial Institution
 Discontinue Electronic Contribution

Fund	Amount	Frequency	Transfer Date
Regular Sunday Giving	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th (Semi-Monthly will transfer on both the 1 st and the 15 th)
Phase II / Social & Education Building	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th (Semi-Monthly will transfer on both the 1 st and the 15 th)
Christmas	\$ _____	Annually	Transfers on December 1 st
Easter	\$ _____	Annually	Transfers on April 1 st
Emergency	\$ _____	Monthly	Transfers monthly on the 1 st
Loaves & Fishes	\$ _____	Monthly	Transfers monthly on the 1 st
Dominica	\$ _____	Monthly	Transfers monthly on the 1 st

Please select the bank account to be debited:

- Please use the same bank account used during 2010. *(Proceed to signature block – you do not need to complete the account information section below.)*
- Checking Account *(Please complete the account information below and attach a voided check.)*
- Savings Account *(Please complete the account information below. You must contact your bank to ensure the account numbers are correct when using a savings account for electronic withdrawal.)*

Bank Routing Number: _____ (the 9 digit number between the symbols)	Account Number:
---	-----------------

I authorize All Saints Catholic Church and Vanco Services LLC to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on account: _____ Date: _____

PLEASE SEE SEPARATE FORM FOR STRENGTH & BALANCE CAPITAL CAMPAIGN