

Brookfield Congregational Church UCC

Authorization Form

UCC860330



FOR OFFICE USE ONLY

DONOR #

DATE

Effective date of authorization: _____

- Type of Authorization Form:
- New authorization
 - Change donation amount
 - Change donation date
 - Change banking/credit card information
 - Discontinue electronic donation

Last Name

First Name

Address

City

State

Zip

Date of first donation:

____/____/____

Frequency of donation: (please check only one)

- Monthly on the 1st
- Monthly on the 15th

Church fund designations and amounts:

- Operating Fund \$ _____
- Capital Fund \$ _____

CHECKING / SAVINGS

Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
- Checking Account (attach a voided check)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 123456⑆ 0001

Routing Number Account Number Check Number

I authorize the above church and Vanco Services, LLC to process debit entries to my account for StillspeakingMoney®. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT CARD

Please charge my donation to my (check one): Visa MasterCard Discover Card

Credit Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above church and Vanco Services, LLC to charge my credit card for StillspeakingMoney® in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

Please mail or bring this form to the church office marked "Attention Treasurer!"

Mailing address:

Brookfield Congregational UCC

P. O. Box 98

Brookfield, WI 53008-0098