ONE TIME PAYMENT

Brookfield Congregational Church UCC

Authorization Form

UCC860330

StillspeakingMoney

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
- ☐ One time payment

Church fund designations and amounts:

- ☐ Operating Fund $_____
- ☐ Capital Fund $_____

CHECKING / SAVINGS

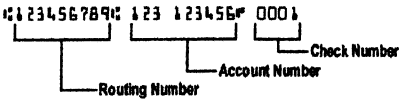
Please debit my donation from my (check one):

- ☐ 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: _____



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