

<b>For Office Use Only</b>	Envelope # _____	Date _____
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**Member Authorization Form**

Effective Date: \_\_\_\_\_

New Authorization

Change Contribution Amount

Change Contribution Date

Change Financial Institution Account

Discontinue Electronic Giving

Name of Member (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**Regular Contribution**

Weekly (Transferred on Mondays)

Semimonthly (Transferred on the 1<sup>st</sup> & 15<sup>th</sup>)

Monthly (Transferred on either the 1<sup>st</sup> or the 15<sup>th</sup>)  
CIRCLE ONE: 1<sup>ST</sup> 15<sup>TH</sup>

Quarterly (The 1<sup>st</sup> of the month beginning \_\_\_\_\_)

General Fund \$ \_\_\_\_\_

Building Fund \$ \_\_\_\_\_

Priest's Retirement \$ \_\_\_\_\_

St. John's Charity Fund \$ \_\_\_\_\_

St. John's Outreach Fund \$ \_\_\_\_\_

St. Vincent de Paul \$ \_\_\_\_\_

**Total Contribution Amount \$ \_\_\_\_\_**

**Annual Contributions**

Easter Offering \$ \_\_\_\_\_  
(Transferred April 1<sup>st</sup>)

Thanksgiving \$ \_\_\_\_\_  
(Transferred November 15<sup>th</sup>)

Christmas \$ \_\_\_\_\_  
(Transferred December 15<sup>th</sup>)

Other \_\_\_\_\_ \$ \_\_\_\_\_

Date of Transfer \_\_\_\_\_

Please take my contribution directly from the account specified:

Checking Account (attach a voided check)

Savings Account (attach a savings deposit slip)

Routing #:

**Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols □:□:**

Account #:

I authorize **Church of St. John** and **Vanco Services, LLC** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a voided check or savings deposit slip.**