# AUTHORIZATION FORM

**Columbia Grove Covenant Church** **ES8247**

| FOR OFFICE USE ONLY | ENVELOPE # | DATE |
|---|---|---|
| | | |

Effective date of authorization: _____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

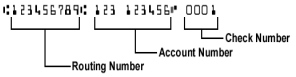
| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |

Please debit my contribution from my (check one):

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

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

Account Number: _____




**Date of first contribution:**

_____/_____/_____

**Frequency of contribution:**

- ❑ Weekly – Mondays
- ❑ Semi-Monthly – 5th and 20th
- ❑ Monthly on the 5th
- ❑ Monthly on the 20th

Special Instructions:

**Church fund designations and amounts:**

- ❑ General/Operating $ _____
- ❑ Benevolence
- ❑ Soles from Heaven **$** _____
- ❑ Building
- ❑ Missions & Outreach

**Total**

**AGREEMENT**

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:_____