

Church of St. Peter in Mendota Electronic Contributions

For Office Use Only	Envelope # _____	Date _____
Member Authorization Form		
Effective Date: _____		<input type="checkbox"/> Change Contribution Date
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Financial Institution Account
<input type="checkbox"/> Change Contribution Amount		<input type="checkbox"/> Discontinue Electronic Giving
Name of Member (Please Print) _____		
Address _____		
City _____	State _____	Zip _____
REGULAR CONTRIBUTION		CAPITAL CAMPAIGN ACCOUNT
<input type="checkbox"/> Weekly (Transferred on Mondays)		<input type="checkbox"/> Weekly (Transferred on Mondays)
<input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th)		<input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th)
<input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 ST 15 TH		<input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 ST 15 TH
<input type="checkbox"/> Quarterly (The 1 st of the month beginning _____)		<input type="checkbox"/> Quarterly (The 1 st of the month beginning _____)
Amount Per Contribution \$ _____		Amount Per Contribution \$ _____
SPECIAL CONTRIBUTIONS		
Easter Offering \$ _____ (Transferred April 1st)		Christmas \$ _____ (Transferred December 15 th)
CREDIT CARD AUTHORIZATION		
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover		
Credit Card Number: _____		Expiration Date: _____
Name on Card: _____		
Billing Address (if different from above): _____		
BANK ACCOUNT AUTHORIZATION:		
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> 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. Peter 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.		