

VANCO AUTOPAYMENT AUTHORIZATION FORM

Customer Id # 504748803	SHALOM LUTHERAN CHURCH
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Effective date of authorization: ____/____/____

Type of authorization: New authorization Change Payment/Banking information

First and Last Name:

Address, City :

Email Address

Payment Frequency: Recurring (select one)- Monthly Quarterly Annually

Date of Recurring Payment (select one): 5th of the month or 20th of the month

Note: If recurring date falls on a weekend or holiday, payment might draft the business day before or business day after that date

Amount of payment: \$ _____

<p>Please debit payment from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p>This is Shalom's preferred method. It saves Shalom processing fees. Thanks</p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p><small>⑆ ⑆ 23456789⑆ ⑆ 23 ⑆ 23456⑆ 000⑆</small></p> <p><small>Routing Number Account Number Check Number</small></p>
<p>I authorize the above organization 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.</p> <p>Authorized Signature: _____ Date: _____</p>	

----- ATTACH VOIDED CHECK HERE -----