

VANCO ACH AUTHORIZATION FORM

CHRIST LUTHERAN CHURCH

700 COUNTY ROAD B
STOUGHTON WI
608-873-9353

Customer Id #		DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Payment Frequency: <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____		
Date of one-time payment: ____/____/____		Operation Expense Fund \$ _____ Mortgage Fund \$ _____
Date of first payment: ____/____/____		Amount of recurring Operation Expense Fund \$ _____ Amount of recurring Mortgage Fund \$ _____
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	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. Please note it could take up to two weeks to cancel ACH request or change bank information.	
Authorized Signature: _____		Date: _____

If using a checking account, please attach a voided check.

Would you like to continue to receive Offering Envelopes?
 Yes
 No