VANCO/SIMPLY GIVING AUTHORIZATION FORM

Name of the organization: _____ FOR OFFICE USE ONLY ENVELOPE/DONOR # DATE Effective date of authorization: ____/___/ Type of authorization: ■ New authorization Change donation amount ☐ Change donation date ☐ Change banking information ■ Discontinue electronic donation First Name Last Name Address City State Zip Email Address DATE OF FIRST DONATION: FUNDS: FREQUENCY OF DONATION: AMOUNTS: ☐ Weekly – Mondays ☐ General/Operating Funds ☐ Building ☐ Monthly on the 1st ☐ Mission of the Month ☐ Monthly on the 15th ☐ Other TOTAL CONTRIBUTION: Please debit my donation from my (check one): Routing Number: Valid Routing # must start with 0, 1, 2, or 3 ☐ Savings Account (contact your financial institution for Routing #) Account Number: CHECKING / SAVINGS ☐ Checking Account (attach a voided check below) 01234567890 123 123456* 0001 Check Number Account Number Routing 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.

Authorized Signature:______ Date:______

If using a checking account, please attach a voided check at the bottom of this page.