

AUTHORIZATION FORM

St. John Paul II Catholic Preparatory School

ES11725

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE						
Effective date of authorization: _____ Type of Authorization: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking Information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking Information	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	<input type="checkbox"/> Change donation date	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking Information							
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation							
<input type="checkbox"/> Change donation date								
Last Name		First Name						
Address								
City		State Zip						
Date of first payment: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Bi-weekly (every other week) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15th	FUNDS AND AMOUNTS: <input type="checkbox"/> Parish \$ _____ <input type="checkbox"/> School \$ _____ <input type="checkbox"/> Wherever needed most \$ _____ Total \$ _____						
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 1234567890 123 4567890001 Routing Number Account Number Check Number						
	I authorize the above organization and Vanco Services 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: _____							
CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card							
	Credit Card Number:	Expiration Date:						
	Name on Card:							
	Billing Address (if different from above):							
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____							

Please attach voided check over credit card section above if using checking account.