

Authorization Form

Church of St. Bridget of Sweden

ES8352

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form: New authorization Change banking/credit card information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name

First Name

Address

City

State

Zip

Date of first donation: _____/_____/_____

Frequency of donation: (please check only one)

Church fund designations and amounts:

- Monthly on the 1st
 Semi-Monthly – 1st and 15th
 Weekly - Mondays

- General Fund \$ _____
 Building Fund \$ _____
 OLV Rehab Center \$ _____

Special Instructions:

Total \$ _____

Annual contributions:

- Easter Offering \$ _____ Transferred on April 1st
 Christmas Offering \$ _____ Transferred on December 15th
 _____ \$ _____ Date to be transferred ____/____/____
 _____ \$ _____ Date to be transferred ____/____/____

CHECKING / SAVINGS

Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
 Checking Account (attach a voided check)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆ 23456789⑆ 123 456⑆ 000⑆
Routing Number Account Number Check Number

I authorize the Church of St Bridget of Sweden and Vanco Services, LLC 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: _____

Print this form, fill out the information needed and return to St. Bridget's, via mail, P.O. Box 754, Lindstrom, MN 55045 or drop in the collection plate in sealed envelope addressed to Parish Office. Thank you!