



Electronic Giving Form

Today's 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) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Semi-Monthly - 1 st and 15 th <input type="checkbox"/> Weekly – Mondays	Donation Amount: General Operating \$ _____ Building Maint. Fund \$ _____ Grounds Beautification \$ _____ CLACA \$ _____ Scholarship \$ _____ TOTAL: \$ _____
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Special Instructions: _____

Annual contributions:

<input type="checkbox"/> Easter Offering	\$ _____	Transferred on April 1 st
<input type="checkbox"/> Christmas Offering	\$ _____	Transferred on December 15 th
<input type="checkbox"/> _____	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> _____	\$ _____	Date to be transferred ____/____/____

CHECKING / SAVINGS	Please debit my donation from my (check one):	Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Valid Routing # must start with 0, 1, 2, or 3
	<input type="checkbox"/> Checking Account (attach a voided check)	Account 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: _____