AUTHORIZATION FORM

Western District Conference of Mennonite Church USA

ES9559

FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE	
		Change bankir Discontinue ele	ng information ectronic donation	
Last Name		First Name	First Name	
Address			And the second s	
City		State	Zip	
Please debit my donation from my (check one): Checking Account (attach a voided check below) Savings Account (contact your financial institution for Routing #)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Account Number Account Number Account Number		
DATE OF FIRST DONATION: /	FREQUENCY OF DONATION: (cf □ Weekly – Mondays □ Semi-Monthly – 1 st and 15 th □ Monthly on the 1 st □ Monthly on the 15 th	neck only one)	FUNDS AND AMOUNTS: Budget Giving \$ Designation if applicable Vision 2012 \$ Project if applicable Total \$	
AGREEMENT I authorize the above church 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:				
Plea	se attach voided check here.			