

AUTHORIZATION FORM

ES9668



Diocese of Fargo

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____	
Type of Authorization:	<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
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Address		
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City	State	Zip
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Date of first payment: ____/____/____	FREQUENCY OF DONATION: (check only ONE) <input type="radio"/> Weekly – Mondays <input type="radio"/> Semi-Monthly – 1 st and 15 th <input type="radio"/> Monthly on the 1 st <input type="radio"/> Monthly on the 15 th <input type="radio"/> Quarterly	FUNDS AND AMOUNTS: (mark all that apply) <input type="checkbox"/> God's Gift Appeal \$ _____ <input type="checkbox"/> Seminarian Education Fund \$ _____ <input type="checkbox"/> Priests' Retirement \$ _____ <input type="checkbox"/> Other _____ \$ _____
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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: _____ <div style="font-size: small; text-align: center;"> </div>
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CHECKING / SAVINGS	I authorize the Diocese of Fargo 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: _____
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CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card		
	<table style="width: 100%;"> <tr> <td style="width: 70%;">Credit Card Number:</td> <td style="width: 30%;">Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
Credit Card Number:	Expiration Date:		
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the Diocese of Fargo and Vanco Services, LLC 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.