

Just complete this form, attach a "voided" check and return to the church office

AUTHORIZATION FORM

Largo Community Church, Mitchellville, MD.

ES 8974

GIVING NUMBER #	DATE
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Effective date of authorization: _____

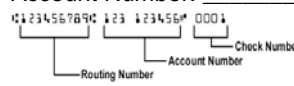
Type of Authorization Form:

<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"/> Additional Authorization

Last Name	First Name
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Address

City	State	Zip
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Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) DATE OF FIRST DONATION: ____/____/____	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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REGULAR CONTRIBUTIONS

<input type="checkbox"/> Tithe	\$ _____
<input type="checkbox"/> Building Fund	\$ _____
<input type="checkbox"/> Missions	\$ _____
<input type="checkbox"/> Change Point	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
Total	\$ _____

FREQUENCY OF DONATION:
(check only one)

Semi-Monthly – 1st and 15th

Monthly - 1st or 15th
(circle one)

ONE TIME CONTRIBUTIONS

If you choose any of these options they (it) will only occur once. If you would like to make this contribution beyond the current year you will have to complete a new form each year, checking the box above for additional authorization.

<input type="checkbox"/> Good Friday Offering	(Transferred Apr. 1 st)	\$ _____
<input type="checkbox"/> Thanksgiving Offering	(Transferred Nov. 15)	\$ _____
<input type="checkbox"/> Christmas Eve Offering	(Transferred Dec. 15 th)	\$ _____
<input type="checkbox"/> New Year's Eve Offering	(Transferred Dec. 15 th)	\$ _____
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: _____

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP