	AUTHORIZATION	FORM		
St. Elizabeth Parish				ES2000
FOR OFFICE USE ONLY	ENVELOPE#		DATE	
Effective date of authorization	n:			
Type of Authorization Form:	New AuthorizationChange donation amounChange donation date		Change banking information Discontinue electronic donation	
Last Name		First Na	me	
Address				
City		State	Zip	
Please debit my contribution from my (check one):		Routing Number: Valid Routing # must start with 0, 1, 2, or 3		
☐ Checking Account (attach a	voided check)			
☐ Savings Account (contact your financial institution for Routing #)		Account Number:		
Date of first contribution:	Frequency of contribution: (check only one ☐ Weekly – Mondays ☐ Semi-Monthly – 1 st and 15 th ☐ Monthly on the 1 st		Church fund designations and General Fund \$	
Special Instructions:			Total	
	and Vanco Services, LLC to proces until I provide reasonable notificatio		ies to my account. I understand tha tte the authorization.	t this
Authorized Signature:			Date:	