

The Congregational Church  
Of New Fairfield, CT, Inc.

Authorization Form



UCC081490

FOR OFFICE USE ONLY

DONOR #

DATE

Effective date of authorization: \_\_\_\_\_

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:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last donation (optional):

\_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of donation: (please check only one)

- Weekly – Mondays  
 Monthly on the 1<sup>st</sup>  
 Monthly on the 15<sup>th</sup>

Church fund designations and amounts:

Unified Budget \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

Special Instructions:

CREDIT CARD

Please charge my donation to my (check one):  Visa  MasterCard  American Express  Discover Card

Credit Card Number:

Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above church and Vanco Services, LLC to charge my credit card for StillspeakingMoney® in accordance with the information above.

Signature (as it appears on the credit card): \_\_\_\_\_ Date: \_\_\_\_\_

CHECKING / SAVINGS

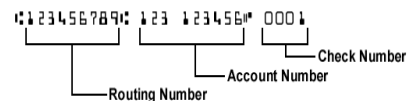
Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)  
 Checking Account (attach a voided check)

Routing Number: \_\_\_\_\_

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_



I authorize the above church and Vanco Services, LLC to process debit entries to my account for StillspeakingMoney®. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the church office for processing.