

# AUTHORIZATION FORM

Corporation of the Church of the Holy Angels

ES10767

ENVELOPE/DONOR # _____	DATE _____
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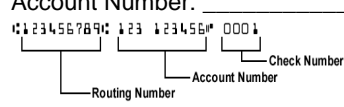
Effective date of authorization: \_\_\_\_\_

Type of Authorization Form:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation
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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 below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
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**Weekly Offering** (check one frequency):   
 Weekly on Monday   
 Monthly on the 1<sup>ST</sup>   
 Monthly on the 15<sup>th</sup>

**Date Of First Donation for Weekly Offering:** \_\_\_\_/\_\_\_\_/\_\_\_\_   
**Donation Amount:** \$ \_\_\_\_\_

**Other Collections: (the 1st of each month unless otherwise specified)**

**Date of First Donation for the Other Collections:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>January:</b></p> <p>Monthly Collection \$ _____</p> <p>Solemnity of Mary \$ _____</p> <p>Utility and Energy \$ _____</p> <p>Archdiocesan Catholic High Schools \$ _____</p> <p><b>February:</b></p> <p>Monthly Collection \$ _____</p> <p>Rev. Merusi Scholarship Fund \$ _____</p> <p><b>March:</b></p> <p>Monthly Collection \$ _____</p> <p>Parish Mission \$ _____</p> <p>Lenten Offering \$ _____</p> <p><b>April:</b></p> <p>Monthly Collection \$ _____</p> <p>Peter's Pence \$ _____</p> <p><b>May:</b></p> <p>Monthly Collection \$ _____</p> <p>Catholic Communication \$ _____</p> <p>Ascension \$ _____</p> <p><b>June:</b></p> <p>Monthly Collection \$ _____</p> <p>Catholic Relief Services \$ _____</p>	<p><b>July:</b></p> <p>Monthly Collection \$ _____</p> <p><b>August:</b></p> <p>Monthly Collection \$ _____</p> <p>Pro-Life Outreach Ministry \$ _____</p> <p>Assumption of the Blessed Virgin Mary \$ _____</p> <p><b>September:</b></p> <p>Monthly Collection \$ _____</p> <p>Parish Golf Tournament Fund Raiser \$ _____</p> <p>Catholic Elementary Schools \$ _____</p> <p><b>October:</b></p> <p>Monthly Collection \$ _____</p> <p>Mission Sunday \$ _____</p> <p><b>November:</b></p> <p>Monthly Collection \$ _____</p> <p>All Saints \$ _____</p> <p>Human Development \$ _____</p> <p><b>December:</b></p> <p>Monthly Collection \$ _____</p> <p>Immaculate Conception \$ _____</p> <p>Retirement for Religious \$ _____</p> <p>Christmas \$ _____</p>
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**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: \_\_\_\_\_