AUTHORIZATION FORM

Round Rock Church of Christ

FOR OFFICE USE ONLY	ENVELOPE/DONOR #		DATE
Effective date of authorization:			
	New Authorization Change donation amount Change donation date		
Last Name		First Name	
Address			
City		State	Zip
Please debit my donation from my (check one): Checking Account (attach a voided check below)		Routing Number:	
☐ Savings Account (contact your financial institution for Routing #)		C123456789C 123 12345	SF: COUL Casca Humber
DATE OF FIRST DONATION:	FREQUENCY OF DONATION: (che Weekly – Mondays Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th	eck only one)	FUNDS AND AMOUNTS: General/Operating \$ Building \$ Benevolence \$ Missions/Other \$ 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 voided check here.			