



# AUTHORIZATION FORM



**Mt. Morris Camp and Conference Center**

**ES13547**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	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

Last Name	First Name
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Address
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City	State	Zip
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Email Address
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<b>DATE OF FIRST DONATION:</b>  ____ / ____ / ____	<b>FREQUENCY OF DONATION:</b>  <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> One-time <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup>	<b>FUNDS AND AMOUNTS:</b>  <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Loan Reduction \$ _____ <input type="checkbox"/> Maintenance/Operations Endowment \$ _____ <input type="checkbox"/> Capital Needs/Development Endowment \$ _____
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<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization 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: _____	

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____                      Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____

*Please staple voided check over credit card section above if using checking account.*