

Enjoy the convenience of electronic giving

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

How to get started

To set up electronic contributions, **(a)** complete the authorization form on the right and return it to the church office or **(b)** visit the church website and follow the directions to donate.

Electronic contributions can be made using any of the following payment methods:

- Checking account
- Savings account
- Credit card
- Debit card

AUTHORIZATION FORM

Church name:	
Your name:	
Address:	
City, State, Zip:	
Email address:	
I would like to make the following contribution(s):	
<input type="checkbox"/> General Operating Fund	\$ _____
<input type="checkbox"/> Building Fund	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
Total	\$ _____
Date of first contribution: ___/___/___	
Frequency of contribution (check one):	
<input type="checkbox"/> Weekly – Mondays	
<input type="checkbox"/> Semi-monthly – 1 st and 15 th	
<input type="checkbox"/> Monthly on the 1 st	
<input type="checkbox"/> Monthly on the 15 th	

CHECKING / SAVINGS	<i>Complete this section if using your checking or savings account</i>
Please debit my (check one):	
<input type="checkbox"/> Checking account—attach voided check <input type="checkbox"/> Savings account—attach voided deposit slip	
Routing #:	Account #:
<i>Valid routing # must start with 0,1,2 or 3</i>	
I authorize the above organization and Vanco Services to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	

CREDIT / DEBIT CARD	<i>Complete this section if using your credit or debit card</i>
Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #:	Expiration Date:
Name on card:	
Billing Address (if different from above):	
I authorize the above organization and Vanco Services to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	