

AUTHORIZATION FORM

The Cross Ministry Group: P.O. Box 11084, Denver, CO 80211 – (720) – 621-1429

ES9481

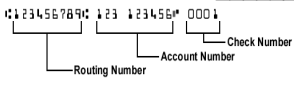
FOR OFFICE USE ONLY	DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization Form:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation

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) <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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Date of first donation: ____/____/____	Frequency of donation: (check only 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	Donation amount: \$ _____
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AGREEMENT	
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: _____

