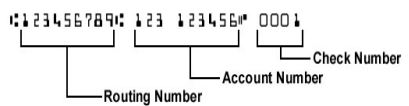


# AUTHORIZATION FORM

For transactions processed via Vanco Payment Solutions

**Please return to:** Peace United Church of Christ, 1111 N 11<sup>TH</sup> Ave E, Duluth MN 55805

Envelope # _____ (leave blank if unknown)		Effective date of authorization: ____/____/____	
Type of authorization:	<input type="checkbox"/> New authorization	<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Change payment date
	<input type="checkbox"/> Change bank information	<input type="checkbox"/> Stop electronic payments	
Last Name		First Name	
Address			
City		State	Zip
Email Address			
<b>Payment Frequency:</b> <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/mnth <input type="checkbox"/> Other _____ <i>(Dates that fit best with our office processes are: 5<sup>th</sup> or 20<sup>th</sup> for monthly; Thursdays or Sundays for weekly)</i> Amount of recurring payment: \$_____ Date of 1st payment: ____/____/____ for Fund(s) (optional): _____ Date & amount of one-time payment (if applicable): ____/____/____ \$_____			
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
	I authorize the above organization 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: _____		
CREDIT/DEBIT CARD	Please charge my payment 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 to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____		

**If using a checking account, attach a voided check, if available, over the credit card section.**  
**Questions? [mali@peaceucc.org](mailto:mali@peaceucc.org) (218) 724-3637 ext. 204**