

AUTHORIZATION FORM

OUR LADY OF SORROWS PARISH - ELECTRONIC GIVING

23815 POWER ROAD, FARMINGTON, MI 48336

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Effective date of authorization: _____ Would you like to continue to receive the monthly offering envelopes by mail? YES or NO

Type of Authorization Form: New Authorization Change donation date Discontinue electronic donation
 Change donation amount Change banking info

Last Name	First Name	
Address	Email	
City	State	Zip

CHURCH OFFERING \$ _____
(Amount you wish to give for each frequency)

Date of first donation: ____/____/____

Frequency: (check only one)

Weekly – Mondays

Bi-Weekly – Every other Monday

Semi-Monthly – 1st and 15th

Monthly on the 1st

DIOCESAN COLLECTIONS
(Annual Recurring Donations)

<input type="checkbox"/> Peter's Pence – Jun. 25	\$ _____
<input type="checkbox"/> Missionary Co-operative – Jul. 23	\$ _____
<input type="checkbox"/> Propagation of the Faith – Oct. 22	\$ _____
<input type="checkbox"/> Campaign for Human Development – Nov. 19	\$ _____
<input type="checkbox"/> Retirement for the Religious – Dec. 10	\$ _____
<input type="checkbox"/> Church in Eastern Europe – Feb. 11	\$ _____
<input type="checkbox"/> Catholic Relief Services – Mar. 19	\$ _____

CHRISTMAS OFFERING \$ _____

December 26 – Annual Recurring Donation

DEBT REDUCTION \$ _____

Quarterly on the 1st (Jan, Mar, Jun, Sep)
 Annual Recurring Donations

CATHOLIC SERVICES APPEAL
 \$ _____

May 10th – Annual Recurring Donation

CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; text-align: center;"> ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 1 └─── Routing Number └─── Account Number └─── Check Number </div>
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: _____		

CREDIT CARD	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 church and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____	