



 **Electronic Giving**

A convenient, consistent way to help our church grow



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, complete the authorization form on the right and return it to the church office.

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: | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>I would like to make the following contribution(s):</p> <p><input type="checkbox"/> General Operating Fund \$ _____</p> <p><input type="checkbox"/> Building Fund \$ _____</p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p style="text-align: right;"><i>Total</i> \$ _____</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p>Date of first contribution: ___/___/___</p> <p>Frequency of contribution (check one):</p> <p><input type="checkbox"/> Weekly – Mondays</p> <p><input type="checkbox"/> Semi-monthly – 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p> </div> </div> | |
| CHECKING / SAVINGS <i>Complete this section if using your checking or savings account</i> | |
| Please debit my (check one): | |
| <input type="checkbox"/> Checking account— <i>attach voided check</i> <input type="checkbox"/> Savings account— <i>attach voided deposit slip</i> | |
| 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: / / | |