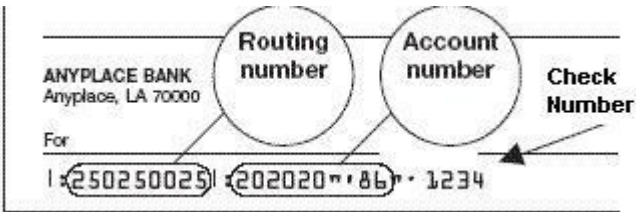


EFT AUTHORIZATION FORM

Norris Religious Fellowship

ES10787

| | | | | | | | | |
|---|--|---|--|---|---|--|---|--|
| Effective date of authorization: _____/_____/_____ | | | | | | | | |
| Type of Authorization Form: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> New Authorization</td> <td style="width: 33%;"><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table> | | | <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change banking information | <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation | <input type="checkbox"/> Change donation date | |
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change banking information | | | | | | | |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation | | | | | | | |
| <input type="checkbox"/> Change donation date | | | | | | | | |
| Last Name | First Name | | | | | | | |
| Address | | | | | | | | |
| City | State | Zip | | | | | | |
| Phone | Email | | | | | | | |
| Please debit my donation from my: (check one) . <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing#) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  | | | | | | | |
| 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 * Preferred Options | FUNDS AND AMOUNTS: . <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Other _____ \$ _____ <input type="checkbox"/> Other _____ \$ _____ Total \$ _____ | | | | | | |
| AGREEMENT 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: _____/_____/_____ | | | | | | | | |

Please attach voided check here.

Return to Joe Mawhinney, Bob Tapp or the Church Office.
 For privacy, you can place this in a sealed envelope.
 Thank you very much!