OPERATING FUND

The Eliot Church of Newton **UCC303300**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization:

- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip

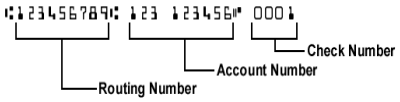
Date of first payment:	**FREQUENCY OF DONATION:** (check only one)	**DESIGNATED AMOUNT:**
_____/_____/_____	❑ Bi-weekly (every other week) ❑ Monthly on the 1st ❑ Monthly on the 15th	$_____

Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above company 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 return the completed form to Nadja Young