

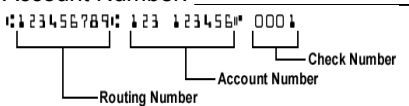
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. Isaac Jogues Church

| | | |
|--|-------|------------|
| Envelope # (leave blank if not applicable) | | |
| Last Name | | First Name |
| Address | | |
| City | State | Zip |

| | | |
|--|--|--|
| Date of first contribution: ____ / ____ / ____ | Frequency of contribution: <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 <input type="checkbox"/> Quarterly on the 1 st | Church fund designations and amounts: <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Maintenance \$ _____ <input type="checkbox"/> Archdiocesan Collections \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <p align="right">Total \$ _____</p> |
| Special Instructions: _____ | | |

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|---|--|--|
| Annual contributions: <input type="checkbox"/> Easter Offering \$ _____ One-time transfer on April 1 st <input type="checkbox"/> Christmas Offering \$ _____ One-time transfer on December 15 th | | |
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|---------------------------|---|--|
| CHECKING / SAVINGS | Please debit my contribution 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 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: _____ | |

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|----------------------------|---|
| GENERAL INFORMATION | Early each year you will receive a statement from St. Isaac Jogues Church showing the amount you have contributed through our EFT program during the previous calendar year (January through December. Save that statement for income tax purposes. |
| | In the event of an error, you have the right to instruct your bank to reverse any charge. This must be done by written notice within 15 days of the date of the bank statement or within 45 days after the charge was made. |
| | Please make a copy of this form for your records. |