

# AUTHORIZATION FORM FOR RECURRING GIVING PROGRAM



<hr/>			
Last Name	First Name	Middle Initial	Phone Number
<hr/>			
Street Address		City & State	Zip Code
Type of Authorization Form: <input type="checkbox"/> Change Donation Date <input type="checkbox"/> Change Banking Information <input type="checkbox"/> New Authorization <input type="checkbox"/> Change Donation Amount <input type="checkbox"/> Cancel Donor Contribution			
Type of Donation Requested: <input type="checkbox"/> Recurring Monthly Donation <input type="checkbox"/> One Time Donation			
Monthly Donation Amount: \$ _____    Number of Donations: <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months			
One-Time Donation Amount: \$ _____			
Date of First Donation: _____ <b>(Please select either the 1<sup>st</sup> or 15<sup>th</sup> of the month)</b>			
Transfer My Donation From:	<input type="checkbox"/> Savings Account    Routing Number: _____ <input type="checkbox"/> Checking Account    Account Number: _____ <div style="text-align: center; margin-top: 10px;"> </div>		
<input type="checkbox"/> <i>Check here if we can list you as a donor on our web site &amp; marketing materials. If so, what name can we use?</i>	<input type="checkbox"/> Credit/Debit Card: <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> AMEX <input type="radio"/> Discover Name on Card: _____ Card No.: _____    Expiration Date: _____ Billing Address (if different from above): _____ _____		
Published Name	Street Address	City & State	Zip Code
Provide your email to receive montly donation notices: _____ <div style="text-align: right; font-size: small;">Email Address</div>			
In accordance with the completed information above, I authorize RES SUCCESS & Vanco Services, LLC to process debit entries to my bank account or charge my debit/credit card. I understand this authority will remain in effect until the number of authorized transfers is completed or I provide reasonable notification to terminate this authorization.			
Authorized Signature: _____    Date: _____			
Upon fully completing and signing this form, please fax or mail it to the following: <b>RES SUCCESS</b> <b>706 Main Street, Suite B</b> <b>Martinez, CA 94553</b> <b>Fax: (925) 229-8238</b>			
If you have any questions, please contact us at (925) 229-8228 or <a href="mailto:administration@RESSUCCESS.org">administration@RESSUCCESS.org</a>			
<b>FOR OFFICE USE ONLY</b>			
DONOR NUMBER: _____    DATE: _____			