

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Church of St. Stephen

| | |
|-------------------|--------|
| Name | |
| Address | |
| City, State, Zip | |
| Telephone Numbers | E-mail |

| | |
|--|--|
| <p>Regular Contributions:</p> <p>Contribution amount (choose one):</p> <p>\$ _____ Weekly (on Monday)</p> <p>\$ _____ Semi-Monthly (on the 1st and the 15th)</p> <p>\$ _____ Monthly (on the 1st or the 15th- choose one)</p> | <p align="center">Emergency Fund:</p> <p>Contribution amount:</p> <p align="center">\$ _____ Monthly (on the 1st or the 15th- choose one)</p> |
|--|--|

| |
|--|
| <p>Annual Contributions:</p> <p>\$ _____ Christmas Offering (on the day after Christmas)</p> <p>\$ _____ Easter Offering (on the Monday after Easter)</p> |
|--|

| | | |
|----------------------------|--|--|
| CHECKING OR SAVINGS | <p align="center">Please debit my contribution from my (check one):</p> <p><input type="checkbox"/> Savings Account <small>(please attach a savings deposit slip)</small></p> <p><input type="checkbox"/> Checking Account <small>(please attach a voided check)</small></p> | <p>Routing number: _____</p> <p align="center"><small>(on bottom of cheque or deposit slip)</small></p> <p>Account number: _____</p> |
| | <p>I authorize the Church of St. Stephen 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</p> | |
| | <p>Authorized signature on my account: _____ Date: _____</p> | |

| | | | | |
|--|---|-------------------------------|-------------------------------------|--|
| CREDIT CARD | <p>Please charge my contribution(s) to my (check one):</p> | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover Card |
| | Credit Card Number: | Expiration Date: | | |
| | Name on Card: | | | |
| | Billing Address, if different from above: | | | |
| | <p>I authorize the Church of St. Stephen and Vanco Services LLC to charge my credit card. I understand that this authority will remain in effect until I provide reasonable notification to terminate this authorization.</p> | | | |
| <p>Signature (as it appears on the credit card): _____ Date: _____</p> | | | | |

Drop in collection basket or mail to:
 Church of St. Stephen Attn. Administration
 2211 Clinton Ave. Minneapolis, MN 55404