

## PLAIN COMMUNITY CHURCH

DIRECT DEBIT ENTRIES AUTHORIZATION FORM

FOR OFFICE USE ONLY		ENVELOPE/DONOR #				DATE				
						Change donation amount  Change donation date Discontinue electronic donation				
Last Name					First Name					
Address										
City					State Zip					
Email Address										
Date of first donation: // Date of last donation (optional): //		<ul> <li>Frequency of donation: (please chemical Monthly on the 1<sup>st</sup></li> <li>Monthly on the 15<sup>th</sup></li> <li>Bi-Weekly (every other week)</li> <li>One Time</li> </ul>				Amount of first donation: \$ Amount of last donation (optional): \$				
CHECKING / SAVINGS	<ul> <li>Please debit my donation from my (check one):</li> <li>Savings Account (contact your financial institution for Routing #)</li> <li>Checking Account (attach a voided check below)</li> </ul>			#)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: I:123455789I: 123 123455III 0001 Check Number Routing Number					
	I authorize the above organization 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:				
CREDIT / DEBIT CARD	Card Brand (check one):	🔲 Vi	sa 🛛 MasterCard		Americ	can Express		Discover Card		
	Card Number:					Expiration Date:				
	Name on Card:									
	Billing Address (if different from above):									
	I authorize the above organization to process transactions in accordance with the information above.									
	Signature (as it appears on the	card):						Date	:	

If using a checking account, please attach a voided check over the credit/debit card section above.

Debits will be transacted through Vanco Payment Solutions on behalf of Plain Community Church.