

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS**

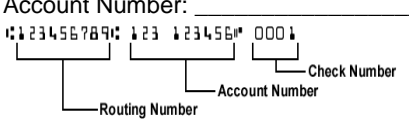
**Diocese of Olympia**

**ES8463**

Type of Authorization:       New authorization                       Change banking information  
     Change donation amount               Discontinue electronic donation  
     Change donation date

Last Name	First Name	
Address		
City	State	Zip

<input type="checkbox"/> ECA <input type="checkbox"/> We Will Stand W/You <input type="checkbox"/> Student Scholarship Fund <input type="checkbox"/> Other: _____  <b>Date of first contribution:</b> ____/____/____	<b>Amount \$ _____ and Frequency of contribution:</b> (please check only one)  <input type="checkbox"/> One Time Only <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>Total Contribution amount:</b>  \$ _____
<b>Special Instructions:</b>		

<b>CHECKING / SAVINGS</b>	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
	I authorize the above organization 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: _____	

<b>CREDIT CARD</b>	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____		