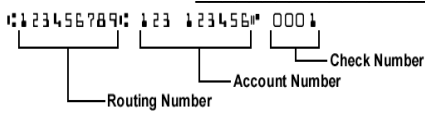


AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Christ Connection

ES8344

Donor # (leave blank if not applicable)			
Last Name		First Name	
Address			
City		State	Zip

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
	Account Number: _____  <p>The diagram shows a routing and account number format: 123456789 123 1234567 0001. Brackets below indicate: 123456789 is the Routing Number, 1234567 is the Account Number, and 0001 is the Check Number.</p>

Date of first donation: ____/____/____	Frequency of donation: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly on the 1 st	Donation amount: \$ _____
Special Instructions: _____		

<u>AGREEMENT</u> 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: _____

Please mail completed form to:

Christ Connection ☐
10155 Buchanan Street NE ☐
Blaine, MN 55434