



Authorization Agreement for Automatic Withdrawal of Funds

Last Name		First Name	
Address			
City		State	Zip

Date of first donation: ____ / ____ / ____	Frequency of donation: (please check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> One time only 	Donation amount: \$ _____
Special Instructions: 		

CHECKING / SAVINGS	Please debit my donation from my (check one): <ul style="list-style-type: none"> <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: _____

CREDIT CARD	Please charge my donation 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: _____	

Please staple voided check over credit card section above if using checking account.

*Donor No. _____
(to be assigned by WDRC)
Account ES7620*