

Return this completed form to Treasurer Deb Krase

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

OSWEGO PRESBYTERIAN CHURCH

ES7466

Envelope #	Phone	
Last Name	First Name	
Address		
City	State	Zip

Date of first contribution: ____ / ____ / ____	Frequency of contribution: (please check only one) <input type="checkbox"/> Monthly on the 3rd <input type="checkbox"/> Monthly on the 17th <input type="checkbox"/> Quarterly on the 3rd of Jan, Apr, July, Oct <input type="checkbox"/> Only upon my email instruction ** my email is: _____	Church fund designations and amounts: <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Major Maintenance Fund \$ _____ <input type="checkbox"/> Building Fund \$ _____ Total \$ _____
**Special Instructions: ** Email name, date and amount to Treasurer Deb Krase at dndkrase@aol.com		

CHECKING / SAVINGS	Please debit my contribution from my (check one):		Routing Number: _____	
	<input type="checkbox"/> Checking Account (staple a voided check below)	Account Number: _____		
	<input type="checkbox"/> Savings Account	{: 123456789	{: 123 123456 } 0001	Check #
		Routing Number	Account Number	
I authorize Oswego Presbyterian Church and Vanco Services, LLC to process debit entries to my account. I understand this authority will remain in effect until I provide reasonable notification to terminate the authorization.				
Authorized Signature: _____		Date: _____		

CREDIT CARD	Please charge my contribution to my: <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): _____		
	I authorize Oswego Presbyterian Church and Vanco Services, LLC to charge my credit card in accordance with the information above.		
	Signature (as it appears on the card): _____		Date: _____

If using the checking account option, please staple a voided check over the credit card section.