

Holy Trinity Catholic Church
405 Ballard Street
El Cajon, CA 92019

Electronic Donation Authorization Form

Last Name	First Name	
Address		
City	State	Zip

Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

CHURCH FUNDS AND AMOUNTS: <input type="checkbox"/> General Collection \$ _____ <input type="checkbox"/> Outreach \$ _____ <input type="checkbox"/> Parish Facilities Fund \$ _____	FREQUENCY OF DONATION (check one): <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Semi-monthly on the 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	DATE OF FIRST CONTRIBUTION: _____/_____/_____ _____/_____/_____ _____/_____/_____
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ANNUAL CONTRIBUTIONS: <input type="checkbox"/> Easter Offering <input type="checkbox"/> Christmas Offering	\$ _____ \$ _____	Transferred on April 1 st Transferred on December 15 th
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Envelope # _____ You will be removed from the monthly envelope mailing list unless you request to still receive them.

CHECKING / SAVINGS	Please debit my donation 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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; text-align: center;"> </div>
	I authorize the above church 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"/> Discover Card	
	Credit Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above church 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 attach voided check over credit card section above if using checking account

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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