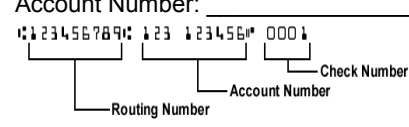


AUTHORIZATION FORM

St. Croix Valley Faith Formation Donations

ES13642-DON

FOR OFFICE USE ONLY	FAMILY/DONOR #	DATE																		
Effective date of authorization: _____ Type of Authorization: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change credit card information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change credit card information	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	<input type="checkbox"/> Change donation date													
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<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation																			
<input type="checkbox"/> Change donation date																				
Last Name		First Name																		
Address																				
City		State Zip																		
Email Address		Phone #																		
DATE OF FIRST DONATION: ____/____/____ DATE OF LAST DONATION: ____/____/____ FREQUENCY OF DONATION: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-monthly on the 1 st & 15 th	FUNDS AND AMOUNTS: <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> SCVFF Scholarship Assistance</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Ray Sayers Sr. – College Scholarship Fund</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Youth Ministry</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Grades K – 8</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Confirmation</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Special Needs Program</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> SCVFF Reserve Fund</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">Required: Fund name _____</td> </tr> </table>		<input type="checkbox"/> SCVFF Scholarship Assistance	\$ _____	<input type="checkbox"/> Ray Sayers Sr. – College Scholarship Fund	\$ _____	<input type="checkbox"/> Youth Ministry	\$ _____	<input type="checkbox"/> Grades K – 8	\$ _____	<input type="checkbox"/> Confirmation	\$ _____	<input type="checkbox"/> Special Needs Program	\$ _____	<input type="checkbox"/> SCVFF Reserve Fund	\$ _____	<input type="checkbox"/> Other	\$ _____	Required: Fund name _____	
<input type="checkbox"/> SCVFF Scholarship Assistance	\$ _____																			
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<input type="checkbox"/> SCVFF Reserve Fund	\$ _____																			
<input type="checkbox"/> Other	\$ _____																			
Required: Fund name _____																				
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 (attach a voided check below)																			
	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 																			
I authorize the above school and Vanco Services 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 school and Vanco Services to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____																			
<input type="checkbox"/> Optional – Pay an additional 2.75% to defray credit card processing fees \$ _____																				