St. Rose of Lima Chu	ırch				ES6368
				D .	
For Office Use Only	· •			Date	
Member Authorization Form				Contribution Date	
Effective Date:  New Authorization			<ul><li>Change Contribution Date</li><li>Change Financial Institution Account</li></ul>		
☐ Change Contribution Amount			☐ Discontinue Electronic Giving		
			_ Discon	annue Electronic Gi	
Name of Member (Ple	ase Print)				
	·				
Address		1		1	
City		State	1.	Zip	
Described Control of the Land Control			Annual Contributions:		
Regular Contribution Information:			Factor	Easter Offering \$	
☐ Weekly (Transferred on Mondays)				erred April 1 <sup>st</sup> )	Φ
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☐ Semimonthly (Transferred on the 1 <sup>st</sup> & 15 <sup>th</sup> )			Christmas Offering \$		
			Transferred December 15 <sup>th</sup> )		
Monthly (Transferred on either the 1 <sup>st</sup> or the 15 <sup>th</sup> )  CIRCLE ONE: 1 <sup>st</sup> 15 <sup>th</sup>					
CIR	CLE ONE: 1 15				
Church Operating Fund \$					
TC 1 1111	1.0 1.1 . 1.1	1.111			
If you have any additional funds that you would like to					
contribute, please allocate these to any of the following (the contributions will be taken out the same interval as					
selected above).					
serected as ove).					
Building Fund	\$				
Bishop's Appeal	\$				
Haiti	\$				
Local Charity	\$				
St. Rose School Tuition Assistance	\$				
Development Fund	• ————				
Please take my contribution directly from the account specified:					
☐ Checking Account	_	Savings Account (attach a savings deposit slip)			
- chocking recount (under a voided check)			- Savings recount (attach a savings deposit sup)		

and is located at bottom of check between these symbols  $\Box:\Box:$ I authorize St. Rose of Lima Church and Vanco Services, LLC to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Account #:

Authorized signature on my account:

Routing number must start with 0, 1, 2, or 3, is 9 digits long,

Routing #:

Date:

Please attach a voided check or savings deposit slip.