

Authorization Agreement for Automatic Withdrawal of Funds

Donor #: _____
 (leave blank if not applicable)

Name on Account (please print) _____

Address _____

City _____ State _____ Zip _____

Please debit donations from my (check one):
 Checking Account (attach voided check)
 Savings Account (attach savings deposit slip)

Routing Number: _____
 Routing # is located at bottom of check between the symbols |: |:
 Account Number: _____

Donation Information:

I would like to make the following donation(s):

- General Fund \$ _____
- Project Fund, please designate _____ \$ _____
- Staff Support for _____ \$ _____

Donation Frequency (please check one):

- Weekly - Debited on Mondays
- Semimonthly - Debited on the 5th and the 20th
- Monthly - Debited on the 5th or the 20th (circle one)
- Quarterly - The 1st of the month beginning _____

Please make my ongoing donation effective _____ (date of first donation).
 mm/yy

I authorize **Living Hope Native Ministries** and **Vanco Services, LLC** to process monthly debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the above information, I promise to notify **Living Hope Native Ministries** within a reasonable length of time. I have attached a voided check or savings deposit slip below.

Authorized Signature: _____ Date: _____

Please place voided check or savings deposit slip here.