

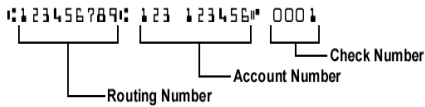
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Our Lady of Lourdes Church

ES 7391

8200 Woodman Road
Richmond, VA 23228
(804) 262-7315

Envelope #			
Last Name (as it appears on bank account)		First Name	
Address			
City	State	Zip	

Please debit my contribution from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing # or attach an account deposit ticket that includes your Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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Date of first contribution: ____/____/____	Frequency of contribution: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Church fund designations and amounts: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Capital Debt Relief \$ _____ <input type="checkbox"/> Financial Security \$ _____ <p align="right">Total \$ _____</p>
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<u>AGREEMENT</u>	
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: _____

Please staple voided check or savings account deposit ticket here.