AUTHORIZATION FORM

All Nations Family, Inc. **ES14148-ANF**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:
- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION: (check only one)
- ❑ Monthly on the 20th
- ❑ One-time on the 20th

DONATION AMOUNT:

$ _____

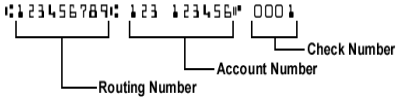
Preferred for _____

CHECKING / SAVINGS

Please debit my donation from my (check one):
- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ 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 organization 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): ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Card

Credit Card Number:	Expiration Date:
Name on Card:	
Billing Address (if different from above):	

I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____