

AUTHORIZATION FORM

Alaska Christian College

ES13758

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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Email Address

DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: <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 <input type="checkbox"/> One-Time	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Scholarship Fund \$ _____ <input type="checkbox"/> Staff _____ \$ _____ <input type="checkbox"/> Endowment \$ _____ <input type="checkbox"/> Wish List _____ \$ _____
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CHECKING / SAVINGS	<p>Please debit my donation from my (check one):</p> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	<p>Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p style="font-size: small; text-align: center;"> ⑆ 23456789 ⑆ 23 23456 000 ⑆ └─── Routing Number └─── Account Number └─── Check Number </p>
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I authorize the above organization 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: _____

CREDIT CARD	<p>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</p>		
	<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
Credit Card Number:	Expiration Date:		
	Name on Card:		
	Billing Address (if different from above):		
	<p>I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.</p> <p style="padding: 5px;">Signature (as it appears on the credit card): _____ Date: _____</p>		

Please staple voided check over credit card section above if using checking account.