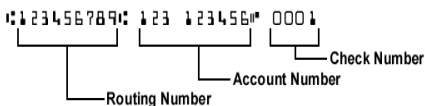


AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. Veronica Congregation

ES7382

Envelope # (leave blank if not applicable)		
Last Name		First Name
Address		
City	State	Zip

<p>Please debit my contribution from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p>  </p>
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<p>Date of first contribution:</p> <p>____/____/____</p>	<p>Frequency of contribution: (please check one)</p> <p><input type="checkbox"/> Weekly – Mondays</p> <p><input type="checkbox"/> Semi-Monthly – 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p> <p><input type="checkbox"/> Quarterly on the 1st</p> <p><input type="checkbox"/> Annually</p>	<p>Church fund designations and amounts:</p> <p><input type="checkbox"/> Stewardship \$ _____</p> <p><input type="checkbox"/> Feed and Shelter the Needy \$ _____</p> <p><input type="checkbox"/> Fr. Mark's Wish List \$ _____</p> <p align="right">Total \$ _____</p>
<p>Special Instructions:</p>		

AGREEMENT

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 here.