

AUTHORIZATION FORM

Arise Ministries, Inc.

ES 10445

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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Please debit my donation from my (check one):

Checking Account (attach a voided check below)

Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆ 234567890 ⑆ 23 ⑆ 234567 000 ⑆
└─── Routing Number ───┬─── Account Number ───┬─── Check Number

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Quarterly on the 1 st (January, April, July, October)	FUNDS AND AMOUNTS: <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> R. Koskinen \$ _____ <input type="checkbox"/> K. Winter \$ _____ <input type="checkbox"/> J. Newell \$ _____ Total \$ _____
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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 attach voided check here.