

PLEASE RETURN THIS FORM BY MAIL TO:

Cornerstone Church of Blaine

P.O. Box 490342
Blaine, MN 55449



Vanco Automated Giving Authorization Form

MEMBER NAME (please print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

| | | |
|---|--|---|
| Authorization Type: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount | | Effective Date: ____/____/____ <input type="checkbox"/> Change Contribution Date <input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Giving |
| CONTRIBUTION INFORMATION: <input type="checkbox"/> Semi-monthly (transferred on the 1 st & 15 th) <input type="checkbox"/> Monthly (transferred on the 1 st or 15 th) <u>Circle one</u> → 1 st 15 th | TOTAL MONTHLY CONTRIBUTION \$ _____ | |
| PLEASE TAKE MY CONTRIBUTION DIRECTLY FROM THE ACCOUNT SPECIFIED: <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (attach a savings deposit slip) | | |
| ROUTING #: _____ Routing number must start with 0, 1, 2 or 3 and is 9 digits – located at the bottom of the check | ACCOUNT #: _____ | |
| I authorize Cornerstone Church of Blaine and Vanco Services, LLC to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. | | |
| AUTHORIZED SIGNATURE ON MY ACCOUNT: _____ DATE: ____/____/____ | | |
| <i>For any questions, please call the church office at (763) 783-1983 or the Church Treasurer Stephen Harms at (763) 443-0419</i> | | |