



# Good Shepherd Lutheran Church

2450 West 9th Avenue  
Oshkosh, WI 54904  
(920) 231-0530



## AUTHORIZATION FORM

Company Name: Good Shepherd Lutheran Church

FOR OFFICE USE ONLY	CUSTOMER #	DATE						
Effective date of authorization: _____ Type of Authorization Form: <table style="display: inline-table; vertical-align: top;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change payment amount</td> <td><input type="checkbox"/> Discontinue electronic payment</td> </tr> <tr> <td><input type="checkbox"/> Change payment date</td> <td></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment	<input type="checkbox"/> Change payment date	
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<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment							
<input type="checkbox"/> Change payment date								
Last Name		First Name						
Street Address								
City	State	Zip						
Email Address (if you would like to receive email notifications)								
Date of first payment: ____ / ____ / ____  Date of last payment (optional): ____ / ____ / ____	Frequency of payment: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	Amount to General Fund: \$ _____  Amount to Debt: \$ _____  Amount to Missions: \$ _____  Total contribution: \$ _____						
CHECKING ACCOUNT	Please debit payments from my:  Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ <div style="font-size: small; text-align: center;"> </div>						
	I authorize the above company 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: _____							