

AUTHORIZATION FORM

Global Vision Citadelle Ministries, Inc.

ES12510

| | | |
|---------------------|---------|------|
| FOR OFFICE USE ONLY | DONOR # | DATE |
|---------------------|---------|------|

Effective date of authorization: _____

Type of Authorization Form:

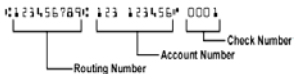
| | |
|---|--|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change banking information |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation |
| <input type="checkbox"/> Change donation date | |

| | |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Email Address

| | |
|--|--|
| <p>Please debit my donation 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><i>Valid Routing # must start with 0, 1, 2, or 3</i></p> <p>Account Number: _____</p>  <p><small>⑆ 234567890 ⑆ 23 ⑆ 23456⑆ 000⑆</small></p> <p><small>Routing Number Account Number Check Number</small></p> |
|--|--|

| | | |
|---|--|---|
| <p>Date of first donation:</p> <p>____/____/____</p> | <p>Frequency of donation: (specify date)</p> <p><input type="checkbox"/> Monthly on the 5th</p> <p><input type="checkbox"/> Monthly on the 10th</p> <p><input type="checkbox"/> Monthly on the 15th</p> <p><input type="checkbox"/> Monthly on the 20th</p> | <p>Fund and donation amount:</p> <p><input type="checkbox"/> General Fund \$ _____</p> <p><input type="checkbox"/> Child Vision \$ _____</p> |
|---|--|---|

AGREEMENT

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: _____

