

# EFT AUTHORIZATION FORM

You may also sign up for EFT (Electronic Funds Transfer) on the web at <http://donations.olg.cc>. To establish recurring donations online, make sure to click *CREATE PROFILE*.

**Our Lady of Guadalupe Church**  
 9080 Shepard Road  
 Macedonia, OH 44056-1450  
 Phone: 330.468.2194 x22

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
----------------------------	-------------------------	-------------

Effective date of authorization: \_\_\_\_\_

Type of Authorization Form:

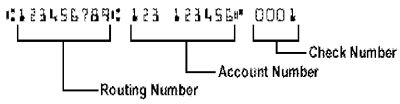
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name	
Address		Envelope #
City	State	Zip
Email Address		

<b>DATE OF FIRST DONATION:</b>  ____/____/____	<b>FREQUENCY OF DONATION:</b> (check only one) <input type="checkbox"/> Weekly (52x/year) <input type="checkbox"/> Bi-weekly (26x/year) <input type="checkbox"/> Semi-monthly (24x/year) <input type="checkbox"/> Monthly on, or around, the _____ day of the month. (When the requested day falls on a weekend or holiday, the processing date takes place <i>around</i> the requested date.)	<b>FUNDS AND AMOUNTS:</b> <input type="checkbox"/> General Offering \$ _____ <input type="checkbox"/> Rejuvenate, Replace, Repair \$ _____ <input type="checkbox"/> Designated _____ \$ _____ <input type="checkbox"/> Diocesan collection _____ \$ _____ <input type="checkbox"/> Ministry to those in need_ \$ _____  <p style="text-align: right;"><b>Total</b> \$ _____</p>
--	--	--

**ANNUAL CONTRIBUTIONS:**

<input type="checkbox"/> Easter Offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas Offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Flowers	\$ _____	Date to be transferred ____/____/____

<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account ( <b>please attach a voided check</b> )	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
---------------------------	---	--

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: \_\_\_\_\_

Return this form to the parish office, fax it to 330.468.2196, or drop it in the collection basket.