



AURORIZATION FORM

Church Name: _____

Your Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

I would like to make the following contribution(s):

General Operating Fund \$ _____

Other: _____ \$ _____

Total \$ _____

Date of first contribution: _____

Frequency of contribution (check one):

- Weekly - Mondays
 Semi-monthly - 1st and 15th
 Monthly - on the 1st
 Monthly - on the 15th

CHECKING / SAVINGS Complete this section if using your checking or savings account.

Please debit my (check one):

- Checking account - attach voided check
 Savings account - attach voided deposit slip

Routing #: _____

Valid routing # must start with 0,1,2, or 3

Account #: _____

I authorize the above organization and Vanco Services to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____

Getting Started

To set up electronic donations through Joyful Response, simply complete the authorization form and then either place it in the offering basket on Sunday morning or mail it to:

Cross of Christ Church
Attn. Treasurer
5784 S. Yakima Way
Aurora, CO 80015

Date: / /