

AUTHORIZATION FORM

Peter and John Radio Fellowship, Inc.

ES11334

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

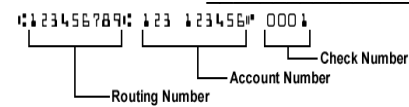
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-weekly - Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> RVR Scholarship \$ _____ <input type="checkbox"/> WRBS General \$ _____ <input type="checkbox"/> RVR General \$ _____ <input type="checkbox"/> Where Needed Most \$ _____ <div style="text-align: right;">Total \$ _____</div>
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CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	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: _____	

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
	Credit Card Number:	Expiration Date:	
	Name on Card:		
	Billing Address (if different from above):		
I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____			

Please staple voided check over credit card section above if using checking account.