

Emmanuel Episcopal Church

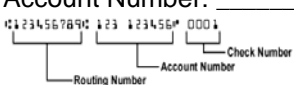
1145 W. Valencia Mesa
Fullerton, California 92833
(714) 879-8070 - Voice
(714) 879-8680 - Fax

Sunday Worship Services
8:15 a.m. and 10:00 a.m.

"Walking in Love, as Christ Loved Us"



Emmanuel eGiving Signup

Emmanuel Episcopal Church		ES8576	
FOR OFFICE USE ONLY		DATE ENROLLED: _____	
Effective date of authorization: _____		My Envelope #: _____	
Type of Authorization Form:		<input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date	
		<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation	
Last Name		First Name	
Address			
City		State	Zip
Please debit my contribution from my (check one):		Routing Number: _____	
<input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____	
			
Date of first contribution: ____/____/____	Frequency of contribution: (check only one) <input type="checkbox"/> Weekly – Day of Week _____ <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the ____	Church fund designations and amounts:	
Special Instructions:		<input type="checkbox"/> Pledge \$ _____ <input type="checkbox"/> General Outreach Fund \$ _____ <input type="checkbox"/> Capital Improvement Fund \$ _____ <input type="checkbox"/> Abundance Fund \$ _____ <input type="checkbox"/> Other _____ \$ _____	
		Total \$ _____	
<u>AGREEMENT</u>			
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: _____	