

**Grace Chapel
3 Militia Drive
Lexington, MA 02421**

ES6476

Member Authorization Form		
Effective Date: _____		<input type="checkbox"/> Change Contribution Date <input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Giving
<input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount		
Name of Member (Please Print)		Envelope No.:
Address		
City	State	Zip
Contribution Information:		Annual Contributions:
<input type="checkbox"/> Weekly (Transferred on Mondays)		Fiscal Year End _____ (Transferred April 1 st)
<input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 ST 15 TH		Year End _____ Transferred December 1 st)
General Fund	\$ _____	
Missions	\$ _____	
Heart of Grace	\$ _____	
Total Contribution Amount	\$ _____	
Please take my contribution directly from the account specified:		
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)
Routing #: Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols □:□:		Account #:
I authorize Grace Chapel and Vanco Services, LLC to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.		
Authorized signature on my account:		Date:
Please attach a voided check or savings deposit slip.		