Our Lady of Good Counsel Catholic Parish

Giving Simply Program

A Safe & Simple Way to Give

Authorization/Change Form for Electronic Giving

FOR OFFICE USE ONLY	ID #	DATE

Name (Please Print)

Address Phone

City	State	Zip	E-mail

Member Authorization
Start/Change Date: _____

☐ **New Authorization*****

☐ **Change Contribution Amount**

☐ **Change Contribution Date** _____

☐ **Change Financial Institution Account*****

☐ **Discontinue Electronic Giving**

Regular Sunday Giving

☐ **Weekly - Transferred on Monday**

Amount per Transfer $_____

☐ **Semi-Monthly - Transferred on the 5th & 20th**

Amount per Transfer $ _____

☐ **Monthly - Transferred on either the**
(CIRCLE ONE) 5th OR 20th

Amount per Transfer $ _____

Capital Campaign/Debt Reduction

Monthly - Transferred on either the
(CIRCLE ONE) 5th OR 20th

☐ Amount per Transfer $ _____

Christmas & Easter Contribution

Transferred Annually on the 5th of December & April

April 5th: Easter Offering $_____

December 5th: Christmas Offering $_____

Please take my contribution directly from the account specified:

☐ Checking Account **(attach a voided check)** ☐ Savings Account (attach a savings deposit slip)

Routing # ☐☐☐☐☐☐☐☐☐*** Account #:

(the 9 digit number between the ⑆ symbols) See sample below.

I authorize Our Lady of Good Counsel Catholic Parish and Vanco Services, LLC (a PCI Level 1 Compliant Service Provider) 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.

REV 12/11