

AUTHORIZATION FORM

All Nations Family, Inc.

ES14148-ANF

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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Email Address

DATE OF FIRST DONATION: _____

FREQUENCY OF DONATION: (check only one)

Monthly on the 20th

One-time on the 20th

DONATION AMOUNT: \$ _____

Preferred for _____

CHECKING / SAVINGS	<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p><small>⑆ 23456789 ⑆ 23 234567 000 ⑆</small></p> <p><small>Routing Number Account Number Check Number</small></p>
	<p>I authorize the above organization and Vanco Services 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.</p> <p>Authorized Signature: _____ Date: _____</p>	

CREDIT CARD	<p>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</p>		
	<table> <tr> <td>Credit Card Number:</td> <td>Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
	Credit Card Number:	Expiration Date:	
	Name on Card:		
	Billing Address (if different from above):		
<p>I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.</p> <p>Signature (as it appears on the credit card): _____ Date: _____</p>			