

Resurrection Parish
3000 Videre Dr
Wilmington, DE 19808
Authorization for Electronic Contribution

Parishioner: _____

Envelope Number

Street _____

City _____ State _____ Zip _____

Effective <date> _____ please

- Start (New Authorization)
- Change Contribution amount
- Change Contribution Date
- Change account or bank
- Discontinue Electronic Contributions
(14 days notice required)

Regular Contribution

Amount _____

- Weekly (Mondays)
- Semi-Monthly (5th & 20th)
- Monthly (choose) 5th or 20th

Special notes

Account Numbers and Envelope Number
are unimportant

Please indicate whether you would
like to continue receiving envelopes:

- Yes No

Special Contributions

- Easter (April 1st) Amount _____
- Christmas (December 15th)
Amount _____

Please take my contribution from my checking account at

Bank Name _____ **Routing** _____

Account Number _____

I hereby authorize Resurrection Parish and Vanco Services, LLC to process debit entries to my account as instructed above. This authorization will remain in effect until I give reasonable notification to modify or terminate this authorization. I understand that if this authorization fails for any reason within my control, I will be charged a \$10 processing fee. I understand that, if the date listed above is a holiday, the deduction will be made on the next business day.

Authorized Signature _____ **Date** _____

Please attach a voided check to this form.

Rev 1/06