

Electronic Giving (eGiving) Authorization Form

Trinity Lutheran Church, 2000 Chestnut Street, Camp Hill, PA 17011

To implement automated contributions, complete this enrollment form and return it to the church.
 Or you may enroll on Trinity's website at www.trinitycamphill.org by clicking on "donate," and then "create profile."
 Questions? Contact Paul Hensel, Ministry Director for Finance and Property, at 717-737-9921, ext. 223.

Effective date of authorization: ____/____/____		
Type of authorization:	<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount
	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation
		<input type="checkbox"/> Change donation date

Last Name	First Name
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Address		
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City	State	Zip
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Email Address

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (transferred on 1 st & 15 th of each month)	FUNDS: <input type="checkbox"/> Regular Offering <input type="checkbox"/> Debt Reduction <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
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CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach voided check below in credit/debit section)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
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CHECKING / SAVINGS	I authorize Trinity Lutheran Church and Vanco Payment Solutions 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: _____
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CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize Trinity Lutheran Church and Vanco Payment Solutions to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____

This line is for office use only →	Envelope # _____	Date _____
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If using a checking account, remember to attach a voided check over the credit/debit card section above.