

AUTHORIZATION FORM

Archdiocese of Saint Paul and Minneapolis

ES10341-ACA

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization:	<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change credit card information
	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
	<input type="checkbox"/> Change donation date	
Last Name		First Name
Address		
City	State	Zip
Date of first payment: ____ / ____ / ____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 20 th	DESIGNATED AMOUNT – ANNUAL CATHOLIC APPEAL \$ _____
Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> American Express		
Credit Card Number:		Expiration Date:
Name on Card:		
Billing Address (if different from above):		
I authorize the above company and Vanco Services, LLC to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____		