

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS**

**Catholic Diocese of Wichita**

**ES8308**

Constituent id # (leave blank if not applicable)		Email Address	
Last Name		First Name	
Address			
City	State	Zip	

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
	Account Number: _____ 

<b>Date of first donation:</b> ____ / ____ / ____	<b>Frequency of donation:</b> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Quarterly on the 1 <sup>st</sup> (Jan, April, July, Oct)	<b>Fund designations and amounts:</b> <input type="checkbox"/> Serra Monsignor McGread \$ _____ Seminary Education Endowment <input type="checkbox"/> The Lords Diner \$ _____ <input type="checkbox"/> The Drexel Fund (fbo _____) \$ _____ <input type="checkbox"/> Together – Greatest Need \$ _____ <input type="checkbox"/> Together – Cathedral Renovation \$ _____ <input type="checkbox"/> Together – Drexel Fund Endowment \$ _____ <input type="checkbox"/> Together – St. Maria De Mattias Endowment \$ _____ <input type="checkbox"/> Together – Seminarian Education Endowment \$ _____ <input type="checkbox"/> Other _____ \$ _____
<b>Special Instructions:</b> _____ _____ _____		

**AGREEMENT**

I authorize the above organization and Vanco Services, LLC 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: \_\_\_\_\_

*Please staple voided check here.*