

## Trinity Episcopal Church

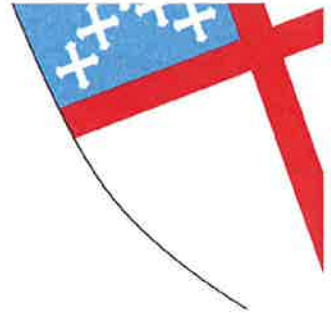
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## ELECTRONIC FUNDS TRANSFER (EFT) WITH VANCO PAYMENT SOLUTIONS

### AUTHORIZATION FORM

Trinity is excited to offer a new, more versatile, EFT/online giving program:  
**Vanco Payment Solutions**

Your pledge offering can now be debited automatically from your checking or savings account or processed using your credit or debit card.

Electronic giving offers convenience for you and provides much-needed donation consistency for our congregation.

Two ways to get started with Vanco:

1. Authorize Trinity to set up your Vanco account
  - ◆ Fill out, sign, and return this authorization form
2. Go online and set your own account up by following these easy steps:
  - ◆ Visit the church website at **[www.trinitynewtownct.org](http://www.trinitynewtownct.org)**
  - ◆ Click on the **[Give Online]** button,
  - ◆ Click on the **Create Profile** button, then follow the onscreen instructions to create an online profile and to schedule your contributions.

Vanco online giving capabilities are not just for pledge offering, but can also be used for donations to other funds, events and activities at Trinity

Feel free to contact the office bookkeeper if you have any questions or need help getting set up. [bookkeeper@trinitynewtownct.org](mailto:bookkeeper@trinitynewtownct.org)

Thank you for your continued support of Trinity Episcopal Church.

# TRINITY EPISCOPAL CHURCH

# VANCO EFT AUTHORIZATION FORM

<b>FOR OFFICE USE ONLY</b>		<b>ENVELOPE #</b>		<b>DATE</b>			
Effective date of authorization: ____/____/____							
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation							
Last Name			First Name				
Address							
City				State	Zip		
Email Address							
<b>DATE OF FIRST DONATION:</b> ____/____/____		<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly Day of the week ____  <input type="checkbox"/> Monthly on the 1st  <input type="checkbox"/> Monthly on the 15 <sup>th</sup>  <input type="checkbox"/> Monthly on ____  <input type="checkbox"/> Yearly on ____		<b>FUNDS:</b> <input type="checkbox"/> General/Operating                      \$ _____ <input type="checkbox"/> Pastor's Discretionary Fund                      \$ _____ <input type="checkbox"/> _____                      \$ _____  <p style="text-align: right;"><b>Total from above</b>    \$ _____</p> <input type="checkbox"/> <b>Optional (card donations only):</b> x 2.75% Add an additional 2.75% to defray card processing fees		<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____  <p style="text-align: right;"><b>Grand total</b>    \$ _____</p>	
<b>ANNUAL CONTRIBUTIONS</b>							
<input type="checkbox"/> Easter offering                      \$ _____                      Date to be transferred ____/____/____ <input type="checkbox"/> Good Friday offering                      \$ _____                      Date to be transferred ____/____/____ <input type="checkbox"/> Thanksgiving offering                      \$ _____                      Date to be transferred ____/____/____ <input type="checkbox"/> Christmas offering                      \$ _____                      Date to be transferred ____/____/____							
<b>CHECKING / SAVINGS</b>	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 a voided check below)			Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ ⑆ 23456789⑆ 123 456789⑆ 000⑆ Routing Number                      Account Number                      Check Number			
	I authorize the above organization 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: _____						
<b>CREDIT / DEBIT CARD</b>	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 the above organization to process transactions in accordance with the information above.						
Signature (as it appears on the card): _____ Date: _____							