

**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 (5<sup>th</sup> & 20<sup>th</sup>)
- Monthly (choose)  5<sup>th</sup> or  20<sup>th</sup>

**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 15<sup>th</sup>)  
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**