

**YES! I want to be a sustainer!**

**Minnesota Literacy Council Monthly Giving Authorization Form**

|  |  |  |
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| **FOR OFFICE USE ONLY** | DONOR #: | EFFECTIVE DATE: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO BE COMPLETED BY DONOR | | | | |  | | | | |
| Type of Authorization: | | New Authorization  * Change donation amount * Change donation date | | Change banking information  * Discontinue electronic donation | | | | | |
| Last Name | | | | | First Name | | | | |
| Address | | | | | | | | | |
| City | | | | | State | | ZIP | | |
| Phone | | | | | Email | | | | |
| **I will give $\_\_\_\_\_\_\_\_ each month on the 15th day, starting in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  month | | | | | | | | | |
|  | | | | | | | | | |
| **Payment Type** (chose one and fill out corresponding section below): \_\_\_\_\_ Checking or Savings Account \_\_\_\_\_ Credit card | | | | | | | | | |
| **CHECKING / SAVINGS** | Please debit my donation from my (check one):   * Savings Account (contact your financial institution for Routing #) * Checking Account   (staple a voided check over credit card section below) | | | | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Valid Routing # must start with 0, 1, 2, or 3*Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I authorize the Minnesota Literacy Council 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| CREDIT CARD | Please charge my donation to my (check one): | | Visa | | MasterCard | | | American Express | Discover Card |
| Credit Card Number: | | | | | Expiration Date: | | | |
| Name on Card: | | | | | | | | |
| Billing Address (if different from above): | | | | | | | | |
| I authorize the Minnesota Literacy Council and Vanco Services, LLC to charge my credit card in accordance with the information above.  Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |