

**AUTHORIZATION AGREEMENT FOR ONE STEP GIVING**

**Spirit FM Radio**  
**PO Box 800**  
**Camdenton, MO 65020**

**ES7573**

Office Use  
 Online: \_\_\_\_\_

Partner #		
Last Name	First Name	
Address		
City	State	Zip

<p><b>Type of donation:</b>                  (please check only one)</p> <p><input type="checkbox"/> Checking Account                  (attach a voided check)</p> <p><input type="checkbox"/> Savings Account                  (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Credit Card                  (Visa, Mastercard, Discover, American Express)</p>	<p><b>Donations to begin on:</b></p> <p align="center">____/____ (mo/yr)</p>	<p><b>Date of donation:</b>                  (please check only one)</p> <p><input type="checkbox"/> Monthly on the 3<sup>rd</sup></p> <p><input type="checkbox"/> Monthly on the 18<sup>th</sup>                  (credit card donations will be taken out on the 18<sup>th</sup>)</p>	<p><b>Donation amount:</b></p> <p>\$ _____</p>
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<p align="center"><b>Checking/Savings</b></p> <p>Routing Number: _____  <i>Valid Routing # must start with 0, 1, 2, or 3</i></p> <p>Account Number: _____</p> <p>⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 1</p> <p>└─── Routing Number      └─── Account Number      └─── Check Number</p>	<p align="center"><b>Credit Card</b></p> <p>Card No: _____</p> <p>Expiration Date: ____/____</p>
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**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: \_\_\_\_\_

**COMMENTS / INSTRUCTIONS**

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ID#