

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>Type of donation: (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>Donations to begin on:</p> <p align="center">____/____ (mo/yr)</p>	<p>Date of donation: (please check only one)</p> <p><input type="checkbox"/> Monthly on the 3rd</p> <p><input type="checkbox"/> Monthly on the 18th (credit card donations will be taken out on the 18th)</p>	<p>Donation amount:</p> <p>\$ _____</p>
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<p align="center">Checking/Savings</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 4 5 6 ⑆ 0 0 0 ⑆</p> <p>└─── Routing Number └─── Account Number └─── Check Number</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>Please attach a voided check</p> </div>	<p align="center">Credit Card</p> <p>Card No: _____</p> <p>Expiration Date: ____/____</p> <p>Name on Card: _____</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

ID#