



PO Box 11208
 Pueblo, CO 81001-0208
 719.543.6464
 wwwPAWSpueblo.org

AUTHORIZATION FORM

ES14500

FOR OFFICE USE ONLY	DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name		
Address			
City	State	Zip	Telephone
Email Address			

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> ⑆ 234567890 ⑆ 23 ⑆ 234567 ⑆ 000 ⑆ Routing Number Account Number Check Number </small>
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Date of first donation: ____/____/____	Frequency of donation: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> One-time	Donation amount: \$ _____ <i>I would like my donation to go toward:</i> <input type="checkbox"/> PAWS for Life Building Fund <input type="checkbox"/> General Operations
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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: _____

Please staple voided check here.