

AUTHORIZATION FORM

Shambhala Training

ES11216

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

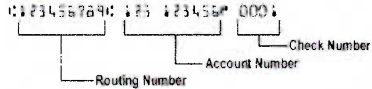
Effective date of authorization: _____

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

DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS AND AMOUNTS:
	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> One time <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	<input type="checkbox"/> Membership Dues \$ _____ <input type="checkbox"/> Building Fund \$ _____ ANNUAL CONTRIBUTIONS <input type="checkbox"/> Shambhala Day Offering \$ _____ <input type="checkbox"/> Harvest of Peace \$ _____ Class Payment \$ _____

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	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: _____	

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td>Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
Credit Card Number:	Expiration Date:		
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.		
	Signature (as it appears on the credit card): _____ Date: _____		

Please staple voided check over credit card section above if using checking account.