

Contributor ID (For Office Use Only):#		Date donations are to begin:	
<input type="checkbox"/> This is a New Authorization. (Complete all sections below.)		<input type="checkbox"/> This a Change to an Existing Authorization. (Fill in Name, the change, Signature and Date)	
Donation Information	Donation Amount Collected (check one): \$ _____ <input type="checkbox"/> Weekly (Transferred on Mondays) \$ _____ <input type="checkbox"/> Semi-Monthly (The 1st and the 15th) \$ _____ <input type="checkbox"/> Monthly (The 1st or 15th <b>CIRCLE ONE</b> ) \$ _____ <input type="checkbox"/> Quarterly (The 1st of the month beginning _____)		
Name on account (Please Print):			
Address:			
City:		State:	Zip Code:
Please accept my ongoing donation from my:		<input type="checkbox"/> Checking Account (Attach a voided check) <input type="checkbox"/> Savings Account (Attach a savings deposit slip)	
Routing #: _____ Routing number must start with 0,1,2 or 3, is 9 digits long, and is located at bottom of check between these symbols <b>■:■:</b>		Account #: _____ <b>Please attach a voided check or savings deposit slip</b>	
I authorize Suncoast Humane Society and Vanco Services, LLC to process debit entries from my account. This authority will remain in effect until I give Reasonable notification to terminate this authorization or until the last specified payment date.			
Authorized signature on account:		Date:	