AUTHORIZATION FORM

Name of the organization:

FOR OFFICE USE ONLY			ENVELOPE/DONOR #		DATE			
			horization banking information Change donation amount Discontinue electronic dona			☐ Change donation date ation		
Last Name					First Name			
Address								
City						State	Zip	
Email Address								
DATE OF FIRST DONATION:		□ W	FREQUENCY OF DONATION: Weekly – Mondays Monthly on the 1 st Monthly on the 15 th		FUNDS: General/Operating Building Other	\$		
					Total from above \$			
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)			#)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Literal Start Start with 0, 1, 2, or 3 Check Number Account Number			
	I authorize the above organization 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:							
C R	Card Brand (check one):							
E D I	Card Number: Expir					on Date:		
Ť	Name on Card:							
/ D E	Billing Address (if different from above):							
B I T	I authorize the above organization to process transactions in accordance with the information above.							
C A R D	Signature (as it appears on the card): Date:						te:	