

AUTHORIZATION FORM



Name of the organization: _____

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE										
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation												
Last Name		First Name										
Address												
City		State Zip										
Email Address												
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <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	<table style="width:100%;"> <tr> <td>FUNDS:</td> <td>AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> _____	\$ _____	Total	\$ _____
FUNDS:	AMOUNTS:											
<input type="checkbox"/> General/Operating	\$ _____											
<input type="checkbox"/> Building	\$ _____											
<input type="checkbox"/> _____	\$ _____											
Total	\$ _____											
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 (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____											

If using a checking account, please attach a voided check at the bottom of this page.