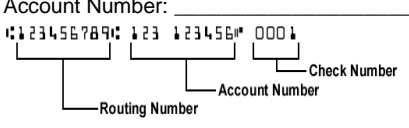


AUTHORIZATION FORM

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 | FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Building <input type="checkbox"/> _____ |
| | | AMOUNTS: \$ _____ \$ _____ \$ _____ Total \$ _____ |
| ANNUAL CONTRIBUTIONS <input type="checkbox"/> Easter offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Thanksgiving offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Christmas offering \$ _____ Date to be transferred ____/____/____ | | |
| 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: _____ | |
| CREDIT / DEBIT CARD | Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card | |
| | Card Number: | Expiration Date: |
| | Name on Card: | |
| | Billing Address (if different from above): | |
| | I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____ | |

If using a checking account, please attach a voided check over the credit/debit card section above.