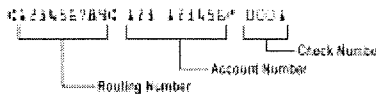


AUTHORIZATION FORM

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 <input type="checkbox"/> Place on Hold Until			
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 \$ _____
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.