

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:		FUNDS:		AMOUNTS:	
DATE OF LAST DONATION: ____/____/____		<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (1 st & 15 th)		<input type="checkbox"/> General/Operating <input type="checkbox"/> Building <input type="checkbox"/> Other _____		\$ _____ \$ _____ \$ _____	
				Total from above \$ _____			
I authorize the above organization to process debit entries to my account and/or credit transactions in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.							
Signature (as it appears on the card or account): _____							
Date: _____							
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: _____		
	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 Number:			Expiration Date:				
Name on Card:							
Billing Address (if different from above):							