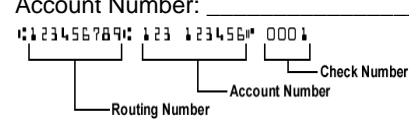


# AUTHORIZATION FORM

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Name of Church _____  Effective date of authorization: ____/____/____  Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>FIRST DONATION DATE:</b>  ____/____/____	<b>FREQUENCY OF DONATION:</b>  <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>FUNDS AND AMOUNTS:</b>  <input type="checkbox"/> General/Operating                      \$ _____ <input type="checkbox"/> Building                                      \$ _____ <input type="checkbox"/> Evangelism/Outreach                      \$ _____ <input type="checkbox"/> _____                                      \$ _____ <input type="checkbox"/> _____                                      \$ _____  <p style="text-align: right;"><b>Total</b> \$ _____</p>
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above church 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: _____	
<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above church to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____	

**Please attach voided check over credit card section above if using checking account.**