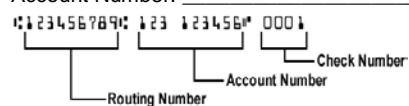


AUTHORIZATION FORM

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"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FUNDS:</td> <td style="width:50%;">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"/> Other _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total from above</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Optional (card donations only): x 2.75% Add an additional 2.75% to defray card processing fees </td> </tr> <tr> <td colspan="2" style="text-align: right;">Grand total</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total from above		\$ _____		<input type="checkbox"/> Optional (card donations only): x 2.75% Add an additional 2.75% to defray card processing fees		Grand total		\$ _____	
FUNDS:	AMOUNTS:																			
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Grand 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: _____																			
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.