

AUTHORIZATION FORM

Name of the organization: **St. Paul Evangelical Lutheran Church**



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"/> Bi-weekly-Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General Fund <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
--	---	--	--

CH EC KI NG / SA VI NG S	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: _____ <small> ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 1 └──────────┬──────────┬──────────┘ Routing Number Account Number Check Number </small>
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.

*** This commitment may be increased, decreased, extended or cancelled at any time buy notifying the Financial Secretary. ***

Please return form to the church office – Attn: Sue Williams – THANK YOU!!!