

AUTHORIZATION FORM: Saint Philip's Episcopal Church

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ___/___/___		
Type of authorization:	<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		
DATE OF FIRST DONATION: ___/___/___	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Quarterly	FUNDS: <input type="checkbox"/> Pledge <input type="checkbox"/> Capital Campaign <input type="checkbox"/> Other _____
DATE OF LAST DONATION: ___/___/___		AMOUNTS: \$ _____ \$ _____ \$ _____
LAST 4 DIGITS OF CREDIT/DEBIT CARD: — — — —		Total from above \$ _____ <input type="checkbox"/> <b>Optional (card donations only):</b> Add an additional 3-5% to defray card processing fees
I authorize the above organization to process transactions in accordance with the information above.		
Signature (as it appears on the card): _____		Date: _____
<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 ( <b>attach a voided check below</b> )	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.		
Signature (as it appears on the card): _____		Date: _____
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/>	Card Number: _____ Expiration Date: _____
Name on Card: _____		
Billing Address (if different from above): _____		