



# AUTHORIZATION FORM

FOR OFFICE USE ONLY	Donor #	DATE
<b>Effective date of authorization:</b> ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>Payment Frequency:</b> <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Date of one-time payment: ____/____/____ Amount: \$_____		
Date for recurring withdrawal (please check one): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> Other _____		
Date of first payment: ____/____/____      Amount of recurring payment: \$_____		
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account ( <b>staple a voided check below</b> )	
	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____		
<b>CREDIT/DEBIT CARD</b>	Please charge my payment 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 organization to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____		

***If using a checking account, please attach a voided check over the credit card section.***