

AUTHORIZATION FORM

Organization Name:
St. John's Evangelical Lutheran Church



ST. JOHN'S
LUTHERAN CHURCH

FOR OFFICE USE ONLY		ENVELOPE #		DATE	
Effective date of authorization: ____/____/____					
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment					
Last Name:			First Name:		
Address:					
City:			State:		Zip:
Email Address:					
FIRST DONATION DATE ____/____/____		FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1st and 15th of each month)		FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> _____ \$ _____ Total \$ _____	
CHECKING/SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)			Routing Number _____ Valid Routing # must start with 0, 1, 2 or 3 Account Number _____ : 1 2 3 4 5 6 7 8 9 : 1 2 3 4 5 6 : 0 0 0 ROUTING NUMBER ACCOUNT NUMBER CHECK 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. Authorization Signature _____ Date _____				
CHECK CARD	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:			CVV Code:	
	Billing Address (if different than above):				
	I authorize the above organization charge my credit card in accordance with this 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.

