



## AUTHORIZATION FORM

| 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<br><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:<br>____/____/____   | FREQUENCY OF DONATION:<br><input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup><br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup> | MEMBER DONATION AMOUNT:<br>\$ _____   |      |
| <b>CHECKING / SAVINGS</b>   | Please debit my donation from my (check one):<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)<br><input type="checkbox"/> Checking Account (attach a voided check below)       | Routing Number: _____<br><b>Valid Routing # must start with 0, 1, 2, or 3</b><br><br>Account Number: _____<br>⑆ ⑆ 23456789 ⑆ ⑆ 23 ⑆ 23456 ⑆ 000 ⑆<br>└──────────┬──────────┬──────────┘<br>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.                     |   |      |
| Authorized Signature: _____   |   | Date: _____   |      |

**If using a checking account, please attach a voided check at the bottom of this page.**