AUTHORIZATION FORM

Name of the organization: _____

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

Date of first donation:

_____/_____/_____

Date of last donation (optional)**:**

_____/_____/_____

Frequency of donation: (please check one)

- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Bi-Weekly (every other week)
- ❑ One Time

Amount of first donation: **$ _____**

Amount of last donation (optional)**:** **$ _____**

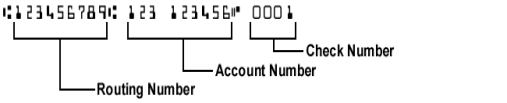
CHECKING / SAVINGS

Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

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.

Authorized Signature:_____ Date:_____

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