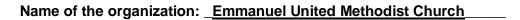
AUTHORIZATION FORM





FOI	R OFFICE USE ONLY	ENVELOPE/DONOR #	DATE	
Effective date of authorization:/ (We will start this program on April 1, 2014.)				
		lew authorization Change banking information	Change donation amount Discontinue electronic donation Change donation date	
Last Name F			First Name	
Address				
City			State Zip	
Email Address				
	E OF FIRST DONATION:	FREQUENCY OF DONATION: ☐ Weekly – Mondays ☐ Semi-Monthly – 1 st and 15 th ☐ Monthly on the 1 st ☐ Monthly on the 15 th	FUNDS: AMOUNTS: General/Operating \$	
ANNUAL CONTRIBUTIONS Easter offering				
NG / SAVINGS	Please debit my donation from m Savings Account (contact you Checking Account (attach a	our financial institution for Routing #)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Routing Number	
CHECKING / S	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.