

# AUTHORIZATION FORM

Name of the organization: **Zion Lutheran Church**

|  |   |  |  |
|--|---|--|--|
| <b>FOR OFFICE USE ONLY</b>   | <b>ENVELOPE/DONOR #</b>   | <b>DATE</b>  |  |
| <b>Effective date of authorization:</b> ____ / ____ / ____   |   |  |  |
| <b>Type of authorization:</b> <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  |   |  |  |
| <b>DATE OF FIRST DONATION:</b><br>____ / ____ / ____   | <b>FREQUENCY OF DONATION:</b><br><input type="checkbox"/> Weekly – Mondays<br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup>                       | <b>FUNDS:</b><br><input type="checkbox"/> General/Operating<br><input type="checkbox"/> Building<br><input type="checkbox"/> Mission Support<br><input type="checkbox"/> Renewing Zion | <b>AMOUNTS:</b><br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____  |
|  |   | <b>Total from above</b>  |  |
|  |   | <input type="checkbox"/> <b>Optional (card donations only):</b><br>Add an additional 2.75% to defray card processing fees  | <b>x 2.75%</b>   |
|  |   | <b>Grand total</b>   | \$ _____   |
| <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><i>Valid Routing # must start with 0, 1, 2, or 3</i><br><br>Account Number: _____<br><small>           ⑆123456789⑆ 123 123456⑆ 0001<br/>           └───┬──────────┬──────────┬───┘<br/>           Routing Number      Account Number      Check Number         </small> |
|  | 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>   | Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card  |  |  |
|  | Card Number:  |  | Expiration Date:   |
|  | Name on Card:   |  |  |
|  | Billing Address (if different from above):  |  |  |
|  | I authorize the above organization to process transactions in accordance with the information above.  |  |  |
| Signature (as it appears on the card): _____   |   | Date: _____  |  |

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