

AUTHORIZATION FORM

Church name:

Your name:

Address:

City, State, Zip:

Email address:

I would like to make the following contribution(s):

- General Operating Fund \$ _____
- Building Fund \$ _____
- Other _____ \$ _____
- Other _____ \$ _____
- Total** \$ _____

Date of first contribution: ___/___/___

Frequency of contribution (check one):

- Weekly – Mondays
- Semi-monthly – 1st and 15th
- Monthly on the 1st
- Monthly on the 15th

CHECKING / SAVINGS

Complete this section if using your checking or savings account

Please debit my (check one):

- Checking account—*attach voided check* Savings account—*attach voided deposit slip*

Routing #:

Account #:

Valid routing # must start with 0,1,2 or 3

I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ **Date:** / /