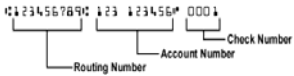


# AUTHORIZATION FORM

| FOR OFFICE USE ONLY  | ENVELOPE/DONOR #   | DATE  |
|--|--|---|
| Name of Church _____<br><br>Effective date of authorization: ____/____/____<br><br>Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information<br><input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation<br><input type="checkbox"/> Change donation date |  |   |
| Last Name  |  | First Name  |
| Address  |  |   |
| City   | State  | Zip   |
| Email Address  |  |   |
| Please debit my donation from my (check one):<br><input type="checkbox"/> Checking Account (attach a voided check below)<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)  |  | Routing Number: _____<br><i>Valid Routing # must start with 0, 1, 2, or 3</i><br><br>Account Number: _____<br>  |
| <b>FIRST DONATION DATE:</b><br><br>____/____/____  | <b>FREQUENCY OF DONATION:</b><br><input type="checkbox"/> Weekly on _____<br><input type="checkbox"/> Monthly on _____<br><input type="checkbox"/> Semi-Monthly<br>(transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month) | <b>FUNDS AND AMOUNTS:</b><br><input type="checkbox"/> General/Operating                      \$ _____<br><input type="checkbox"/> Building                                      \$ _____<br><input type="checkbox"/> Evangelism/Outreach                      \$ _____<br><input type="checkbox"/> _____                                      \$ _____<br><input type="checkbox"/> _____                                      \$ _____<br><br><p style="text-align: right;"><b>Total</b> \$ _____</p> |
| <b>AGREEMENT</b><br>I authorize the above church 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.<br><br>Authorized Signature: _____ Date: _____   |  |   |

**Please attach voided check here.**