AUTHORIZATION FORM





FOR OFFICE USE ONLY ENVELO		ENVELOPE/DONOR #		DATE	
Effective date of authorization:// Type of authorization: □ New authorization □ Change donation a □ Change banking information □ Discontinue electrons				☐ Change donation date	
Last Name			First Name		
Address					
City				State Zip	
Email Address					
			FUNDS: General Building Organ Stewards'	### AMOUNTS: \$	
	☐ Christmas offering \$ Date to be transferred		d/		
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: Check Number Routing Number		
СНЕСК	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.