

# AUTHORIZATION FORM



Name of the organization: Christ the King Lutheran Church, Evans, GA

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE	
Effective date of authorization: <span style="background-color: yellow;">      /      /      </span>					
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input checked="" type="checkbox"/> Discontinue electronic donation					
Last Name			First Name		
Address					
City				State	Zip
Email Address					
DATE OF FIRST DONATION:		FREQUENCY OF DONATION:		FUNDS:	
____/____/____		<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>		<input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Other _____ \$ _____ <b>Total \$ _____</b>	
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)			Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> Account Number: _____ <div style="font-size: small;"> </div>	
	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.