

AUTHORIZATION FORM



Name of the organization: Prince of Peace Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE	
Effective date of authorization: ____ / ____ / ____			
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 type="checkbox"/> Discontinue electronic donation			
Last Name	First Name		
Address			
City	State	Zip	
Email Address			
DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Under Our Roof/Beyond Our Walls Appeal <input type="checkbox"/> Other _____ Total	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____
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: include a voided check only if <ul style="list-style-type: none"> • New Authorization • Changing Banking Information 	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 	
	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: _____			