

AUTHORIZATION FORM

Name of the organization: Forks United Church of Christ

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	DATE
Effective date of authorization: ___/___/___			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information		<input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date	
Last Name		First Name	
Address			
City		State	Zip
Email Address			
Date of first donation: ___/___/___		Amount of first donation: \$ _____	
Date of last donation (optional): ___/___/___		Amount of last donation (optional): \$ _____	
Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (on the 1 st & 15 th) <input type="checkbox"/> Weekly (on Monday's)			
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: _____ Valid Routing # must start with 0, 1, 2, or 3		Account Number: _____ (1234567890 123 456789 0001) Routing Number Account Number Check 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: _____	

CHECKING / SAVINGS

If using a checking account, please attach a voided check at the bottom of this page.