

AUTHORIZATION FORM

Name of the organization: Friendship Celebration 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 on ____ <input type="checkbox"/> Monthly on ____ <input type="checkbox"/> Semi-Monthly (1 st & 15 th) <input type="checkbox"/> Other ____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FUNDS:</td> <td style="width: 50%;">AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Debt Reduction</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Kuna Mission</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Youth</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Preschool</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total from above \$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Debt Reduction	\$ _____	<input type="checkbox"/> Kuna Mission	\$ _____	<input type="checkbox"/> Youth	\$ _____	<input type="checkbox"/> Preschool	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total from above \$ _____	
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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: _____ 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: _____																	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card																	
	Card Number:	Expiration Date:																
	Name on Card:																	
	Billing Address (if different from above):																	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____																	

If using a checking account, please attach a voided check over the credit/debit card section above.