AUTHORIZATION FORM

Name of the organization: ___Trinity Lutheran Church_____

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

- ❑ Weekly – Mondays
- ❑ Semi-Monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Annually (Once a Year)
- ❑ One Time Donation

FUNDS: **AMOUNTS:**

- ❑ General/Operating $_____
- ❑ Capital Campaign $_____
- ❑ Other_____
  Please specify the name of fund on the above line. **$**_____

Total **$**_____

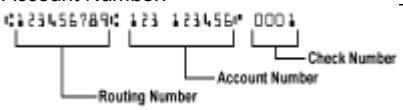
CHECKING / SAVINGS

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: _____



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.