

# AUTHORIZATION FORM FOR ELECTRONIC GIVING



Name of Church: Our Savior's Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE#	DATE
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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
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Address

City	State	Zip
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Email Address

<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly transferred on the 1st and 15th of each month	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> World Hunger <input type="checkbox"/> Endowment Fund <input type="checkbox"/> Other	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____ <div style="text-align: right;"><b>Total</b> \$ _____</div>
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<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ ⑆ ⑆ 23456789 ⑆ ⑆ 23 ⑆ 23456 ⑆ 000 ⑆ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Routing Number</span> <span>Account Number</span> <span>Check Number</span> </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: _____		

<b>CREDIT/DEBIT CARD</b>	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover Card		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;">Credit Card Number:</td> <td style="width:40%; padding: 5px;">Expiration Date:</td> </tr> </table>		Credit Card Number:	Expiration Date:
Credit Card Number:	Expiration Date:		
Name on Card:			
Billing Address (if different from above):			
I authorize the above organization to charge my credit card in accordance with the information above.			
Signature (as it appears on the credit card): _____ Date: _____			

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