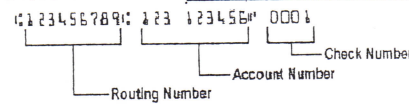


Electronic Giving Authorization Form

Name of the organization: _____

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: ____/____/____ Date of last donation (optional): ____/____/____		Frequency of Donation (please check one) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Bi-Monthly on the 1st and the 15th <input type="checkbox"/> Annually <input type="checkbox"/> Weekly *See note below please		Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____	
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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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 it works for your budgeting, it would be beneficial for givers to choose monthly deductions, as the church is charged \$.20 per deduction.

Do you still wish to receive a box of giving envelopes? (please circle one) Yes No

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