

# AUTHORIZATION FORM



Name of the organization: King of Glory Lutheran Church

|  |  |   |
|--|--|---|
|  | ENVELOPE/DONOR #   | DATE  |
| Effective date of authorization: ____/____/____<br>Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date<br><input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation |  |   |
| Last Name  |  | First Name  |
| Address  |  |   |
| City   |  | State                      Zip  |
| Email Address  |  |   |
| <b>DATE OF FIRST DONATION:</b><br>____/____/____   | <b>FREQUENCY OF DONATION:</b><br><input type="checkbox"/> Weekly – Mondays<br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup><br><input type="checkbox"/> Semi-Monthly on 1 <sup>st</sup> and 15 <sup>th</sup> | <b>FUNDS:</b><br><input type="checkbox"/> General/Operating<br><input type="checkbox"/> Facility Fund<br><br><b>AMOUNTS:</b><br>\$ _____<br>\$ _____<br><b>Total \$ _____</b> |
| CHECKING / SAVINGS   | Please debit my donation from my (check one):<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)<br><input type="checkbox"/> Checking Account (attach a voided check below)  | Routing Number: _____<br><b>Valid Routing # must start with 0, 1, 2, or 3</b><br><br>Account Number: _____<br>  |
|  | 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.<br><br>Authorized Signature: _____ Date: _____                           |   |

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