

AUTHORIZATION FORM

502736121

Concordia Lutheran Church



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly on the 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Other date _____ 	FUNDS AND AMOUNTS: <ul style="list-style-type: none"> <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Together Campaign \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
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ANNUAL CONTRIBUTIONS:

Year End Offering \$ _____ Date to be transferred ____/____/____

Christmas Offering \$ _____ Date to be transferred ____/____/____

CHECKING / SAVINGS	Please debit my donation from my (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) 	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize the above church 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 CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above church to charge my credit card in accordance with the information above.
	Signature (as it appears on the credit card): _____ Date: _____