

AUTHORIZATION FORM

Name of the organization: Fir-Conway Lutheran Church



FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE	
Effective date of authorization: ____/____/____					
Type of authorization:		<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:		FUNDS:	
		<input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		<input type="checkbox"/> General/Operating	
				AMOUNTS: \$ _____	
CHECKING / SAVINGS	Please debit my donation from my (check one):			Routing Number: _____	
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)			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.

**Please complete and return to the church office in a sealed envelope marked
"Attn: Financial Secretary Lowell Jonson"**