

# AUTHORIZATION FORM



Name of the organization: Piedmont Valley Lutheran Church

|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE:                                                                                                                                                                                                                                                                           | ENVELOPE #                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                |                                                                                                                                                                |
| Effective date of authorization: ____/____/____                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                                                |
| 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                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                                                |
| DATE OF FIRST DONATION:<br>____/____/____                                                                                                                                                                                                                                       | FREQUENCY OF DONATION:<br><input type="checkbox"/> Weekly – Monday<br><input type="checkbox"/> Weekly - Friday<br><input type="checkbox"/> Semi-Monthly (Transferred on the 1 <sup>st</sup> and 15 <sup>th</sup> of each month)<br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup> | FUNDS:<br><input type="checkbox"/> Parish Ministry<br><input type="checkbox"/> World Mission<br><input type="checkbox"/> Special Needs<br><input type="checkbox"/> Future Capital Improvements | AMOUNTS:<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>Total \$ _____                                                                                     |
| <b>CHECKING / SAVINGS</b>                                                                                                                                                                                                                                                       | 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><br><i>Valid Routing # must start with 0, 1, 2, or 3</i><br><br>Account Number: _____<br><br><div style="text-align: center;"> </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: _____                                                                                                                                                    |

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