

# AUTHORIZATION FORM



Name of the organization: Atonement Lutheran Church

<b>DATE:</b>	<b>ENVELOPE #</b>		
<b>Effective date of authorization:</b> ____/____/____			
<b>Type of authorization:</b> <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			
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Monday <input type="checkbox"/> Weekly - Friday <input type="checkbox"/> Semi-Monthly (Transferred on the 1 <sup>st</sup> and 15 <sup>th</sup> of each month) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> Parish Ministry <input type="checkbox"/> World Mission <input type="checkbox"/> Special Needs <input type="checkbox"/> Future Capital Improvements	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____ <b>Total</b> \$ _____
<b>CHECKING / SAVINGS</b>	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 using a checking account, please attach a voided check at the bottom of this page.*