

# AUTHORIZATION FORM

North Central District, EFCA

ES15452

| FOR OFFICE USE ONLY  | ENVELOPE/DONOR #   | DATE  |  |   |   |  |   |  |
|--|--|---|--|---|---|--|---|--|
| Effective date of authorization: _____<br>Type of Authorization: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change credit card information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table> |  |   | <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change credit card information | <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation | <input type="checkbox"/> Change donation date |  |
| <input type="checkbox"/> New Authorization   | <input type="checkbox"/> Change credit card 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  |  |   |  |   |   |  |   |  |
| <b>DATE OF FIRST DONATION:</b><br>____ / ____ / ____   | <b>FREQUENCY OF DONATION:</b> (check one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Weekly – Mondays</li> <li><input type="checkbox"/> Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup></li> <li><input type="checkbox"/> Monthly on the 1<sup>st</sup></li> <li><input type="checkbox"/> Monthly on the 15<sup>th</sup></li> </ul> | <b>FUNDS AND AMOUNTS:</b> <table style="width:100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> General/Operating</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Total \$ _____</b></td> </tr> </table> | <input type="checkbox"/> General/Operating | \$ _____  | <input type="checkbox"/> Other _____            | \$ _____   | <b>Total \$ _____</b>                         |  |
| <input type="checkbox"/> General/Operating   | \$ _____   |   |  |   |   |  |   |  |
| <input type="checkbox"/> Other _____   | \$ _____   |   |  |   |   |  |   |  |
| <b>Total \$ _____</b>  |  |   |  |   |   |  |   |  |
| CHECKING / SAVINGS   | Please debit my donation from my (check one): <ul style="list-style-type: none"> <li><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</li> <li><input type="checkbox"/> Checking Account (attach a voided check below)</li> </ul>   | 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: _____   |   |  |   |   |  |   |  |
| 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.<br><br>Signature (as it appears on the credit card): _____ Date: _____   |   |  |   |   |  |   |  |