

AUTHORIZATION FORM

North Central District, EFCA



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE												
Effective date of authorization: _____ 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							
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<input type="checkbox"/> Change donation date														
Last Name		First Name												
Address														
City		State Zip												
Email Address		Phone #												
DATE OF FIRST DONATION: _____ / _____ / _____	PREFERRED CALENDAR DAY OF MONTHLY WITHDRAWAL/CHARGE _____	FUNDS AND AMOUNTS: <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> General/Operating</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Church Planting/Dan Moose</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Steve Austvold</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Kelley Johnson</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Church Planting/Dan Moose	\$ _____	<input type="checkbox"/> Steve Austvold	\$ _____	<input type="checkbox"/> Kelley Johnson	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total	\$ _____
<input type="checkbox"/> General/Operating	\$ _____													
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<input type="checkbox"/> Kelley Johnson	\$ _____													
<input type="checkbox"/> Other _____	\$ _____													
Total	\$ _____													
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <p style="font-size: small; margin-top: 5px;"> 23456789 23 23456 000 Routing Number Account Number Check Number </p>												
	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: _____													
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: _____													