AUTHORIZATION FORM

Name of the organization: **Bethesda Lutheran Church of Malmo**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____ / _____ / _____

Type of authorization: ☐ New authorization ☐ Change donation amount ☐ Change donation date
☐ Change banking information ☐ Discontinue electronic donation

Last Name	First Name
Address	
City	State	Zip
Email Address	

DATE OF FIRST DONATION:

_____ / _____ / _____

FREQUENCY OF DONATION:

☐ Weekly - Mondays

☐ Monthly on the 1st

☐ Monthly on the 15th

☐ Semi-Monthly (transferred on 1st & 15th of each month)

FUNDS:

☐ General/Operating $ _____

☐ Building/Facilities $ _____

☐ Local Benevolence $ _____

☐ World Benevolence $ _____

☐ _____ $ _____

Total $ _____

CHECKING / SAVINGS

Please debit my donation from my (check one):

☐ Savings Account (contact your financial institution for Routing #)

☐ Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number:

|:123456789|: 123 123456 0001

Routing Number
Account Number
Check 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: _____

CREDIT / DEBIT CARD

Card Brand (Check one): ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address (if different from above): _____

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____