

AUTHORIZATION FORM

Name of the organization: **Faith Lutheran Church**

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE	
Effective date of authorization: ____/____/____					
Type of authorization: <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					
Date of first donation: ____/____/____		Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time		Amount of first donation: \$ _____	
Date of last donation (optional): ____/____/____				Amount of last donation (optional): \$ _____	
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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>	
				Account Number: _____ ⑆123456789⑆ 123 123456* 000⑆ └─── 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: _____					

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

Please mail form to:

Faith Lutheran Church
9222 N. Garnett Road
Owasso, OK 74055-4424