

AUTHORIZATION FORM



Name of the organization:

Shepherd of the Desert Lutheran Church, Sun City, AZ 85351

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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
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Address

City	State	Zip
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Email Address

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____	AMOUNTS: \$ _____ \$ _____ Total \$ _____
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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: _____
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CHECKING / SAVINGS	<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.</p> <p>Authorized Signature: _____ Date: _____</p>
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If using a checking account, please attach a voided check at the bottom of this page.