AUTHORIZATION FORM

**Name of the organization: Trinity Lutheran Church
North Branch, MN**

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: **AMOUNTS:**

❑ General/Operating $_____
❑ Building $_____
❑ Evangelism/Outreach $_____
❑ _____ $_____
❑ _____ $_____

                    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

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: _____

If using a checking account, please attach a voided check over the credit/debit card section above.