

AUTHORIZATION FORM

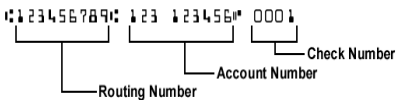
| | | |
|---------------------|------------------|------|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|---------------------|------------------|------|

| | |
|---|--|
| Faith Lutheran Church | 504747400 |
| Effective date of authorization: ____/____/____ | |
| Type of Authorization Form: | |
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change banking information |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation |
| <input type="checkbox"/> Change donation date | |

| | | |
|---------------|------------|-----|
| Last Name | First Name | |
| Address | | |
| City | State | Zip |
| Email Address | | |

| | | |
|---|---|---|
| Date of first payment: ____/____/____ | FREQUENCY OF DONATION: | FUNDS AND AMOUNTS: |
| | <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month) | <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> LOF – Capital Appeal \$ _____ <input type="checkbox"/> Debt Reduction \$ _____ <input type="checkbox"/> 3 Peat \$ _____ <p style="text-align: right;">Total \$ _____</p> |

Optional – Pay an additional 2.75% to defray credit card processing fees \$ _____

| | | |
|---------------------------|--|--|
| 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: _____  |
| | 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"/> Discover Card |
| | Credit Card Number: _____ Expiration Date: _____ |
| | Name on Card: _____ |
| | Billing Address (if different from above): _____ |
| | I authorize the above organization to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____ |