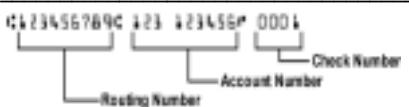




AUTHORIZATION FORM

Name of the organization:
Elk River United Methodist 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: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <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"/> Building <input type="checkbox"/> _____	AMOUNTS: \$ _____ \$ _____ \$ _____ Total \$ _____
D E B I T A C C O U N T I N G I N F O R M A T I O N	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: _____		
D E B I T C R E D I T C A R D I N F O R M A T I O N	Please charge my payment to my _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American <input type="checkbox"/> Discover Card (check one): _____ Express		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		

	<p>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: _____</p>
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If using a checking account, please attach a voided check at the bottom of this page.