

Authorization Form



Shadow Rock Congregational Church

Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New authorization	<input type="checkbox"/> New authorization using bank/cc info on file	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change banking/credit card information	
<input type="checkbox"/> Change donation date	<input type="checkbox"/> Discontinue electronic donation	
Last Name		First Name
Address		
City		State Zip
Email Address		
Date of first donation: _____ / _____ / _____ Date of last donation (optional): _____ / _____ / _____	Frequency of donation: (please only one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly - 1 st and 15 th <input type="checkbox"/> One-time	Church fund designations and amounts: <input type="checkbox"/> Pledge/Offering \$ _____ <input type="checkbox"/> Facilities Maintenance Fund \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
Annual Contributions:		
Christmas Eve Offering \$ _____ Date to be transferred _____ / _____ / _____		
CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above church to charge my credit card in accordance with the information above.	
	Signature (as it appears on the credit card): _____ Date: _____	
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)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: <div style="text-align: center;"> </div>
I authorize the above church 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: _____		