

# AUTHORIZATION FORM



Name of the organization: **Good Shepherd United Methodist Church**

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>	
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <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			
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly <input type="checkbox"/> One-time donation	<b>FUNDS:</b> <input type="checkbox"/> General/Operat <input type="checkbox"/> Capital Improvements <input type="checkbox"/> Needy Fund <input type="checkbox"/> _____	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____  <b>Total</b> \$ _____
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> 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: _____		

*If using a checking account, please attach a voided check at the bottom of this page.*