AUTHORIZATION FORM

Name of the organization: TRINITY LUTHERAN CHURCH

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____ / _____ / _____

Type of authorization:
- ☐ New authorization
- ☐ Change banking information
- ☐ Change donation amount
- ☐ Discontinue electronic donation
- ☐ Change donation date

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

FUNDS:
- ☐ General/Operating
- ☐ Project Uplift

AMOUNTS:

$_____

$_____

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

└── Check Number
└── Account Number
└── Routing 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.