Authorization ForM

**Name of the organization: First Presbyterian Church of Waunakee**

|  |  |  |
| --- | --- | --- |
| **FOR OFFICE USE ONLY** | **ENVELOPE/DONOR #** | **DATE** |
| **Effective date of authorization:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Type of authorization:**  | * New authorization
 | * Change donation amount
 | * Change donation date
 |
|  | * Change banking information
 | * Discontinue electronic donation
 |  |
| Last Name | First Name |
| Address |
| City | State | Zip |
| Email Address |
| **DATE OF FIRST DONATION:**\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | **FREQUENCY OF DONATION:*** Weekly – Mondays
* Semi-Monthly – 1st and 15th
* Monthly on the 1st
* Monthly on the 15th
 | **FUNDS:*** General/Operating
* Capital Improvement Fund
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total** | **AMOUNTS:**$\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_**$\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **ANNUAL CONTRIBUTIONS** |
| * Per Capita

($32.60 per member) | $ \_\_\_\_\_\_\_\_\_ | Date to be transferred \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_chk_inf1 |
| 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 / DEBIT CARD | Card Brand (check one): | Visa | MasterCard | American Express | Discover Card |
| Card Number: | Expiration Date: |
| Name on Card: |
| Billing Address (if different from above): |
| I authorize the above organization to process transactions in accordance with the information above.Signature (as it appears on the card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |

***If using a checking account, please attach a voided check over the credit/debit card section above.***