AUTHORIZATION FORM

Church of St. George

ES18757

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

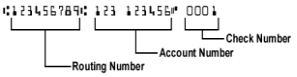
Last Name	First Name	
Address		
City	State	Zip
Email Address		

Please debit my donation from my (check one):

- ❑ Checking Account (attach a voided check below)
- ❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION: (check only one)

- ❑ Weekly on Mondays
- ❑ Semi-monthly on the 1st and 15th
- ❑ Monthly on the 1st\
- ❑ Monthly on the 15th

FUNDS AND AMOUNTS:

- ❑ General/Operating $_____
- ❑ Building $_____
- ❑ _____ $_____

Total **$**_____

AGREEMENT

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:_____

Please attach voided check here.