

AUTHORIZATION FORM

Trinity Baptist Church

ES16440

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change credit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

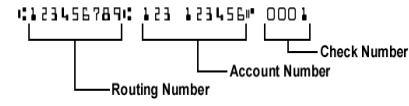
Last Name	First Name
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Address

City	State	Zip
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Email Address

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-weekly (every other week) <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Elder \$ _____ <p style="text-align: right;">Total \$ _____</p>
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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 below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
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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: _____