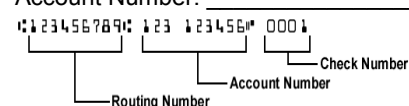


AUTHORIZATION FORM

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
<p>First English Lutheran Church</p> <p>Effective date of authorization: ____/____/____</p> <p>Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information</p> <p> <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation</p> <p> <input type="checkbox"/> Change donation date</p>		
Last Name		First Name
Address		
City		State Zip
Email Address		
<p>FIRST DONATION DATE:</p> <p>____/____/____</p>	<p>FREQUENCY OF DONATION:</p> <p>Weekly on Monday</p> <p>Bi-weekly (every other week)</p> <p>Monthly on the 1st</p> <p>Monthly on the 15th</p> <p>Semi-Monthly on the 1st and 15th</p>	<p>FUNDS AND AMOUNTS:</p> <p><input type="checkbox"/> General Operating \$ _____</p> <p><input type="checkbox"/> Capital Appeal/Building Fund \$ _____</p> <p><input type="checkbox"/> Outreach \$ _____</p> <p><input type="checkbox"/> Music \$ _____</p> <p><input type="checkbox"/> Insurance Premium \$ _____</p> <p><input type="checkbox"/> Special Gift _____ \$ _____</p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p style="text-align: right;">Total \$ _____</p>
CHECKING / SAVINGS	<p>Please debit my donation from my (check one):</p> <p><input checked="" type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input checked="" type="checkbox"/> Checking Account (attach a voided check below)</p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p style="font-size: small;">  234567890 23 234567 000 Routing Number Account Number Check Number </p>
	<p>By typing my name below, 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.</p> <p>Authorized Signature: _____ Date: _____</p>	
CREDIT CARD	<p>Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card</p>	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	<p>By typing my name below, I authorize the above church to charge my credit card in accordance with the information above.</p> <p>Signature (as it appears on the credit card): _____ Date: _____</p>	

Please attach voided check over credit card section above if using checking account.