AUTHORIZATION FORM

Name of the organization: Lutheran Church of the Cross

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE		
		New auth		Change donation amo		☐ Change do n	nation date	
Las	t Name		First 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 15 th		FUNDS: General/Ope Building Other		\$		
					Total from above \$			
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)			Valid Routing # Account Number:	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1:1234567891: 123 123456#* 000 1 — Check 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:							
	Card Brand (check one):	☐ Visa	_					
CREDIT / DEBIT CARD	Card Number:	u visa	☐ MasterCard	American Expres	iration Da			
	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.