## **AUTHORIZATION FORM**

FOR OFFICE USE ONLY		ENVELOPE/DONOR #			DATE					
	ective date of authorizatior e of authorization:	/         orization       □       Change donation amount         banking information       □       Discontinue electronic donation			Change donation date					
Last Name Fi						irst Name				
Address										
City							State		Zip	
Email Address										
/ □ M		UENCY OF DONATION: lonthly on the 1 <sup>st</sup> lonthly on the 15 <sup>th</sup> luarterly		FUNDS: General/Operatir Diaconate	AMOUNTS: ating \$ \$ Total \$					
ANNUAL CONTRIBUTIONS         Image: Description of the second se										
CHECKING / SAVINGS	<ul> <li>Please debit my donation from my (check one):</li> <li>Savings Account (contact your financial institution for Routing #)</li> <li>Checking Account (attach a voided check below)</li> </ul>					Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: *\$1234.55789* 123 1234.55* 0001 Check Number Routing Number				
снесь	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:									

Name of the organization: \_\_\_\_South Newbury Union Church

If using a checking account, please attach a voided check at the bottom of this page.