## **AUTHORIZATION FORM**

**Organization Name: Holy Cross Lutheran Church** 

| En   | velope #  | DATE  |    |  |
|--|---|---|----|--|
| Effective date of authorization:/  |   |   |    |  |
| Тур  |   | nge payment amount  | te |  |
| Las  | t Name Fi   | rst Name  |    |  |
| Address  |   |   |    |  |
| City   | 1   | State Zip   |    |  |
| Email Address  |   |   |    |  |
| Payment Frequency:       □ Recurring (select one)       □ Weekly       □ Bi-Weekly       □ Monthly       □ Other         Current Giving - \$ |   |   |    |  |
| Outlott Giving - \$\psi  |   |   |    |  |
| Date of first payment:/  |   |   |    |  |
| CHECKING / SAVINGS   | Please debit payment from my (check one):  Savings Account (contact your financial institution for Routing #)  Checking Account (staple a voided check below)   | Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:  1:1234557891: 123 123455# 0001  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: Date:   |   |    |  |
| CREDIT/DEBIT CARD  | Please charge my payment to my (check one):   |   |    |  |
|  | Credit Card Number:   | Expiration Date:  |    |  |
|  | Name on Card:   |   |    |  |
|  | Billing Address (if different from above):  |   |    |  |
|  | I authorize the above organization to charge my credit card in accordance with the information above.   |   |    |  |
|  | Signature (as it appears on the credit card):   | Date:   | _  |  |