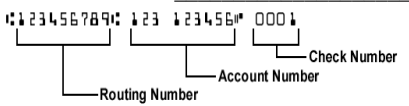# AUTOMATED GIVING AUTHORIZATION FORM

Name of the organization: United Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:

- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name

Address

City	State	Zip

Email Address

Date of first donation: _____/_____/_____ **Date of last donation** (optional)**:** _____/_____/_____	**Frequency of donation:** (please check one) ❑ Monthly on the 1st ❑ Monthly on the 15th ❑ Bi-Weekly (every other week) ❑ One Time	**Amount of first donation:** $ _____ **Amount of last donation** (optional)**:** $ _____

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)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑈123456789⑈ 123 123456⑈ 0001

Check Number
Account 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

Card Brand (check one):   ❑ Visa   ❑ MasterCard   ❑ American Express   ❑ Discover Card

Card Number:	Expiration Date:

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.