AUTHORIZATION FORM

[St. Peter's Ev. Lutheran Congregation of Fond du Lac, Wisconsin]

FOR OFFICE USE ONLY ENVE			ENVELOPE/DONOR	ENVELOPE/DONOR #			DATE		
	ective date of authorization: e of authorization: 	New authorization			Change donation amount Discontinue electronic donation				
Last Name					First Name				
Address									
City							State	Zip	
Email Address									
DATE OF FIRST DONATION:		□ w □ m	JENCY OF DONATION: eekly – Mondays onthly on the 1 st onthly on the 15 th	General/O Building			AMOUNTS: \$\$ Total \$		
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) 			g #)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: :1234.55789: 123 1234.55# 0001 Check 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		America	n Express	Discover Ca	ď	
	Card Number:					Expiration Da	ite:		
	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.