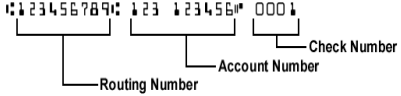


# AUTHORIZATION FORM

## Bethlehem Lutheran Church

| FOR OFFICE USE ONLY   | ENVELOPE/DONOR #  | DATE  |   |  |   |   |   |  |  |
|---|---|---|---|--|---|---|---|--|--|
| <p><b>Effective date of authorization:</b> ____/____/____</p> <p><b>Type of authorization:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> New authorization</td> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Change donation date</td> </tr> <tr> <td><input type="checkbox"/> Change banking information</td> <td><input type="checkbox"/> Discontinue electronic donation</td> <td></td> </tr> </table> |   |   |   | <input type="checkbox"/> New authorization | <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Change donation date | <input type="checkbox"/> Change banking information | <input type="checkbox"/> Discontinue electronic donation |  |
| <input type="checkbox"/> New authorization  | <input type="checkbox"/> Change donation amount   | <input type="checkbox"/> Change donation date   |   |  |   |   |   |  |  |
| <input type="checkbox"/> Change banking information   | <input type="checkbox"/> Discontinue electronic donation  |   |   |  |   |   |   |  |  |
| Last Name   |   | First Name  |   |  |   |   |   |  |  |
| Address   |   |   |   |  |   |   |   |  |  |
| City  |   | State   | Zip   |  |   |   |   |  |  |
| Email Address   |   |   |   |  |   |   |   |  |  |
| <p><b>DATE OF FIRST DONATION:</b></p> <p>____/____/____</p>   | <p><b>FREQUENCY OF DONATION:</b></p> <p><input type="checkbox"/> Weekly – Mondays</p> <p><input type="checkbox"/> Monthly on the 1<sup>st</sup></p> <p><input type="checkbox"/> Monthly on the 15<sup>th</sup></p>  | <p><b>FUNDS:</b></p> <p><input type="checkbox"/> General/Operating</p> <p><input type="checkbox"/> Building</p> <p><input type="checkbox"/> Other _____</p> | <p><b>AMOUNTS:</b></p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>  |  |   |   |   |  |  |
|   |   | <p style="text-align: right;"><b>Total</b> \$ _____</p>   |   |  |   |   |   |  |  |
| CHECKING / SAVINGS  | <p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p>                          |   | <p>Routing Number: _____</p> <p><b>Valid Routing # must start with 0, 1, 2, or 3</b></p> <p>Account Number: _____</p> <div style="text-align: center;">  <p>Routing Number      Account Number      Check Number</p> </div> |  |   |   |   |  |  |
|   | <p>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.</p> <p>Authorized Signature: _____ Date: _____</p> |   |   |  |   |   |   |  |  |
| CREDIT / DEBIT CARD   | <p>Card Brand (check one):    <input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> American Express    <input type="checkbox"/> Discover Card</p>   |   |   |  |   |   |   |  |  |
|   | Card Number:  |   | Expiration Date:  |  |   |   |   |  |  |
|   | Name on Card:   |   |   |  |   |   |   |  |  |
|   | Billing Address (if different from above):  |   |   |  |   |   |   |  |  |
|   | <p>I authorize the above organization to process transactions in accordance with the information above.</p> <p>Signature (as it appears on the card): _____ Date: _____</p>   |   |   |  |   |   |   |  |  |

*If using a checking account, please attach a voided check over the credit/debit card section above.*