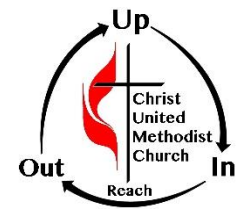


AUTHORIZATION FORM

Christ United Methodist Church
 3610 S. 18th Street
 Lafayette, IN 47909
 765-474-4313



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____ Type of authorization: <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		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building (New Sanctuary) \$ _____ <input type="checkbox"/> Multi-Purpose Rm Renovation \$ _____ <input type="checkbox"/> Preschool Tuition \$ _____ <input type="checkbox"/> Child Care \$ _____ <input type="checkbox"/> PM Fundy \$ _____ <input type="checkbox"/> Summer Day Camp \$ _____ <input type="checkbox"/> Pack Away Hunger \$ _____ <input type="checkbox"/> OPTIONAL: Give additional 3% \$ _____ to offset processing fee if using a credit card. <div style="text-align: right;">Total \$ _____</div>
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ ⑆ 23456789 ⑆ 23 23456 ⑆ 000 ⑆ <div style="display: flex; justify-content: space-around; font-size: small;"> Routing Number Account Number Check Number </div>
	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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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.