AUTHORIZATION FORM

Name of the organization: EAST WOODSTOCK CONGREGATIONAL CHURCH

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:
❑ New authorization   ❑ Change donation amount   ❑ Change donation date
❑ Change banking information   ❑ Discontinue electronic donation

Last Name	First Name
Address	

City	State	Zip

Email Address		

DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS:	AMOUNTS:
_____/_____/_____	❑ Weekly – Mondays ❑ Semi-Monthly – 1st and 15th ❑ Monthly on the 1st ❑ Monthly on the 15th	❑ General/Operating ❑ Building ❑ _____	$_____ $_____ $_____ 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)

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

Account Number: _____

⑈123456789⑈ 123 123456⑈ 0001

└─ Routing Number
└─ Account Number
└─ 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:_____

If using a checking account, please attach a voided check at the bottom of this page.