

AUTHORIZATION FORM

Guardian Angels Church & School

ES6358

| | | |
|---------------------|------------------|------|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|---------------------|------------------|------|

Effective date of authorization: _____

Type of Authorization Form:

| | |
|---|--|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change banking information |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation |
| <input type="checkbox"/> Change donation date | |

| | |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

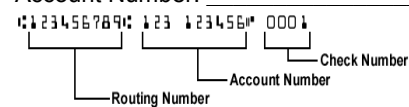
Email Address

| | | |
|--|--|--|
| DATE OF FIRST DONATION: ____/____/____ | FREQUENCY OF DONATION: (check one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly on the 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th | FUNDS AND AMOUNTS: <input type="checkbox"/> General Giving \$ _____ <input type="checkbox"/> Debt Retirement \$ _____ <input type="checkbox"/> Maintenance & Repair \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <input type="checkbox"/> School Scholarship \$ _____ <input type="checkbox"/> Utilities \$ _____ Total \$ _____ |
|--|--|--|

ANNUAL CONTRIBUTIONS:

Easter Offering \$ _____ Date to be transferred ____/____/____

Christmas Offering \$ _____ Date to be transferred ____/____/____

| | | |
|---|---|--|
| 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 (staple a voided check below) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  |
| I authorize the above church 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 CARD | Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card |
| Credit Card Number: _____ Expiration Date: _____ | |
| Name on Card: _____ | |
| Billing Address (if different from above): _____ | |
| I authorize the above church to charge my credit card in accordance with the information above. | |
| Signature (as it appears on the credit card): _____ Date: _____ | |

Please attach voided check over credit card section if using checking account.