

AUTHORIZATION FORM

Guardian Angels Church & School

ES6358

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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
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Address

City	State	Zip
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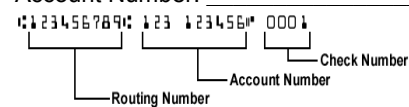
Email Address

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 \$ _____ <div style="text-align: right;">Total \$ _____</div>
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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		
<table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table>		Credit Card Number:	Expiration Date:
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.