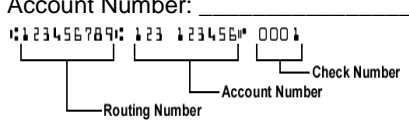


# AUTHORIZATION FORM

Organization Name: Calvary Lutheran Church

Customer Id # C9905977		DATE
Effective date of authorization: ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
<b>Payment Frequency:</b> <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____		
Date of one time payment: ____/____/____                      Amount: \$ _____		
Date of first payment: ____/____/____    Amount of recurring payment: \$ _____    Fund # 1: _____		
Date of first payment: ____/____/____    Amount of recurring payment: \$ _____    Fund # 2: _____		
Date of first payment: ____/____/____    Amount of recurring payment: \$ _____    Fund # 3: _____		
<b>CHECKING / SAVINGS</b>	Please debit payment 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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account 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: _____
<b>CREDIT/DEBIT CARD</b>	Please charge my payment 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 organization to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____		Date: _____

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