

AUTHORIZATION FORM

St. Kilian Church

ES6452-226

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 Operating \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> Music Ministry \$ _____ <input type="checkbox"/> Youth Ministry \$ _____ <input type="checkbox"/> Food for the Poor – Outreach \$ _____ <input type="checkbox"/> Tuition Assistance \$ _____ <input type="checkbox"/> Wish List \$ _____ <input type="checkbox"/> GAP – Drama Ministry \$ _____ <div style="text-align: right;">Total \$ _____</div>
ANNUAL CONTRIBUTIONS: <input type="checkbox"/> Easter Offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> 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 donation 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: _____	