

Authorization Form



Trinity United Church of Christ

Effective date of authorization: _____

- Type of Authorization Form:
- New authorization
 - Change donation amount
 - Change donation date
 - Change banking/credit card information
 - Discontinue electronic donation

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Date of first donation:

_____/_____/_____

Date of last donation (optional):

_____/_____/_____

Frequency of donation: (please check only one)

- Monthly on the _____
- Semi-Monthly on the _____ and _____

Church fund designations and amounts:

- General Fund \$ _____
- Capital Improvement \$ _____

Total \$ _____

Special Instructions:

CREDIT CARD

Please charge my donation to my (check one): Visa MasterCard American Express 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: _____

CHECKING / SAVINGS

Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
- Checking Account (attach a voided check)

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: _____