



# Authorization Form

CrossRoads United Methodist Church

FOR OFFICE USE ONLY	ENVELOPE #	DATE
Type of Authorization Form: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking/credit card 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		
<b>Date of first donation:</b> ____ / ____ / ____	<b>Frequency of donation:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15th	<b>Church fund designations and amounts:</b> <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Other _____ \$ _____
<b>Special Instructions:</b>		<b>Total</b> \$ _____
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 (attach a voided check)	
	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <div style="text-align: center; font-size: small;"> <p>             ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓   ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓   0000 ↓              ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓   ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓   ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓              Routing Number      Account Number      Check Number           </p> </div>	
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: _____		