

# AUTHORIZATION FORM

First Evangelical Lutheran Church  
 1401 Twelfth Avenue  
 Altoona, PA 16601  
 814-942-3816



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State                      Zip
Email Address		
<b>Date of first donation:</b> ____/____/____  <b>Date of last donation (optional):</b> ____/____/____	<b>Frequency of donation:</b> (please check one) <input type="checkbox"/> Monthly on the 1 <input type="checkbox"/> Monthly on the 15 <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	<b>Amount of first donation:</b> \$ _____  <b>Amount of last donation (optional):</b> \$ _____
<b>CH EC KI NG / SA VI NG S</b>	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 below)	Routing Number: _____ <i><b>Valid Routing # must start with 0, 1, 2, or 3</b></i>  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: _____

*If using a checking account, please attach a voided check at the bottom of this page.*