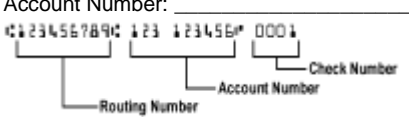


AUTHORIZATION FORM



Name of the organization: Chippewa United Methodist Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE	
Effective date of authorization: ____/____/____ Type of authorization: <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			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> Program Envelopes <input type="checkbox"/> Maintenance & Improvement <input type="checkbox"/> E-Tithing Special Offering <input type="checkbox"/> Monthly Mission <input type="checkbox"/> Here We Grow <input type="checkbox"/> Preschool Tuition	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
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 below)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</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: _____		
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <input type="checkbox"/> Optional-Pay an additional 2.75% to defray credit processing fees: \$ _____		
	Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____		

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