# AUTHORIZATION FORM

**Organization Name: ___English Lutheran Church, Ellsworth, WI_____**

| **Envelope/Giving #** | | **DATE** |
|---|---|---|

**Effective date of authorization:** _____/_____/_____

**Type of authorization:** ❑ New authorization ❑ Change payment amount ❑ Change payment date
❑ Change banking information ❑ Discontinue electronic payment

| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |
| Email Address | | |

**Payment Frequency:** □ one-time □ Recurring (select one)- □ Weekly □ Monthly □ Annual □ Other _____

Date of one time payment: _____/____/_____
Amount : $_____

Date of first payment: _____/_____/_____ Amount of recurring payment: $_____

**CHECKING / SAVINGS**

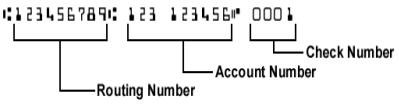
Please debit payment from my (check one):

❑ Savings Account (contact your financial institution for Routing #)

❑ 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 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**

Please charge my payment 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 organization to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

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