

AUTHORIZATION FORM

Sun Lakes United Methodist Church
9248 E. Riggs Road
Sun Lakes, AZ 85248



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"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		FUNDS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> _____ \$ _____ 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: _____ <div style="font-size: small; margin-top: 5px;"> ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3 1 2 3 4 5 6 * 0 0 0 1 <div style="display: flex; justify-content: space-around; width: 100%;"> Routing Number Account Number Check Number </div> </div>	
	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				
	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.