

AUTHORIZATION FORM



St. Luke - Simpson United Methodist Church

FOR OFFICE USE ONLY

Date: _____

Effective date of authorization:

Type of authorization:

New authorization

Change donation amount

Change donation date

Change banking information

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 - 5th and 20th <input type="checkbox"/> Monthly on the 5th <input type="checkbox"/> Monthly on the 20th <u>Building and Operating Funds may be debited on different schedules</u> | FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Building <input type="checkbox"/> _____ | 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: _____ (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
 Card Brand (check one): Visa Mastercard Discover

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: _____

Church incurs a 2.75% fee on all credit/debit card transactions. You may include an extra amount to help offset this fee.

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

PLEASE RETURN THIS COMPLETED FORM TO THE CHURCH OFFICE: Irma@stlukesimpson.org

1500 Country Club Road Lake Charles, LA 70605 337-474-1500