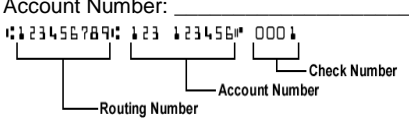


# AUTHORIZATION FORM

Church of St. Michael – Prior Lake, MN

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>	
<b>Effective date of authorization:</b> ____/____/____ <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>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Imagine <input type="checkbox"/> OTHER (Specify Below) _____ <input type="checkbox"/> <b>Total</b>	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____
<b>ANNUAL CONTRIBUTIONS</b> <input type="checkbox"/> Easter offering                      \$ _____                      Date to be transferred ____/____/____ <input type="checkbox"/> Thanksgiving offering                      \$ _____                      Date to be transferred ____/____/____ <input type="checkbox"/> Christmas offering                      \$ _____                      Date to be transferred ____/____/____			
<b>CHECKING / SAVINGS</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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____		
<b>CREDIT / DEBIT CARD</b>	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.**