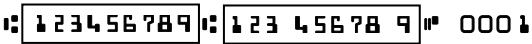


# AUTHORIZATION FORM

Good Shepherd Presbyterian Church

ES18143

<b>FOR OFFICE USE ONLY</b>	<b>EVENLOPE/DONOR #</b>	<b>DATE</b>
Effective date of authorization _____ / _____ / _____		
Type of Authorization <input type="checkbox"/> New Authorization <input type="checkbox"/> Change credit card information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State Zip
Email Address		
DONATION START DATE _____ / _____ / _____  DONATION END DATE _____ / _____ / _____	FREQUENCY OF DONATION: (check one) <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 15th	FUNDS AND AMOUNTS: <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> Memorial Fund \$ _____ <input type="checkbox"/> Missions \$ _____ <input type="checkbox"/> Flowers \$ _____ <input type="checkbox"/> Fellowship \$ _____ <input type="checkbox"/> Dixie Care & Share \$ _____ <input type="checkbox"/> Other _____ \$ _____  <p style="text-align: right;">Total \$ _____</p>
<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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  <p style="font-size: small;">                     Routing Number      Account Number      Check Number                 </p>
	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 CARD</b>	Please charge my donation to my (check one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above church to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____	