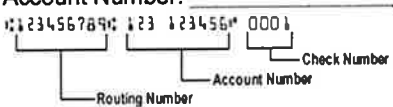


AUTHORIZATION FORM

Organization Name: Mount Olive Lutheran Church

Customer Id #		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: ☐ Weekly ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Monthly Date of month: ____ ☐ Semi-monthly Dates of month: ____ and ____			
Amount : \$ _____			
Date of first 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.