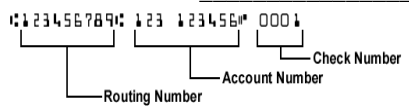


ELECTRONIC AUTHORIZATION FORM

The Lutheran Church of the Resurrection • 3115 Victoria St N • Roseville MN 55113

		DATE	
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment			
Last Name		First Name	
Address			
City		State Zip	
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <ul style="list-style-type: none"> • Weekly – Mondays • Monthly on the 1st • Monthly on the 15th 	FUNDS: <ul style="list-style-type: none"> • General/Operating • Monthly Missions • Rooted & Renewing (Debt reduction) <p style="text-align: right;">Total</p>	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> 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): <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 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. Return this completed form to the church office for processing.