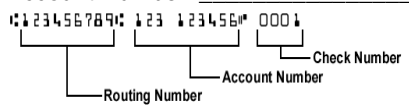


AUTHORIZATION FORM

Evangelical Free Church of Bemidji

Envelope/Donor #		DATE	
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
One-time Donation: Date of one-time payment: ____/____/____ Amount: \$ _____		Funds and Amounts: <input type="checkbox"/> General Fund \$ _____ <input type="checkbox"/> Benevolence \$ _____ <input type="checkbox"/> Debt Reduction \$ _____	
Recurring Donation: Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly Date of first payment: ____/____/____ Amount of recurring payment: \$ _____			
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.