AUTHORIZATION FORM

Name of the organization: **ST. LOUIS CONGREGATION**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

- ❑ Weekly – Mondays
- ❑ Semi-Monthly – 5th and 20th
- ❑ Monthly on the 5th
- ❑ Monthly on the 20th

FUNDS:	**AMOUNTS:**
❑ General/Operating	$_____
❑ Building Improvement	$_____
❑ Religious Education Fund	$_____
❑ Food Pantry	$_____
❑ Cemetery Perpetual Care	$_____
Total	**$**_____

CHECKING / SAVINGS

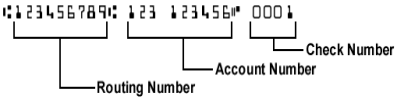
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (**attach 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:_____

If using a checking account, please attach a <u>voided</u> check at the bottom of this page.