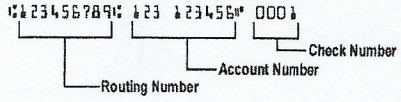


Please attach a voided check.

AUTHORIZATION FORM

Church Name: St. John's United Church of Christ

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE																
Effective date of authorization: ____/____/____																		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation																		
Last Name		First Name																
Address																		
City		State																
Email Address																		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <table style="width:100%; border:none;"> <tr><td><input type="checkbox"/> General Fund</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Building on Faith</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Mission Offering</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Communion</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Capital Campaign</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Capital Campaign - Principal</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Other _____</td><td>\$ _____</td></tr> <tr><td>Total</td><td>\$ _____</td></tr> </table>	<input type="checkbox"/> General Fund	\$ _____	<input type="checkbox"/> Building on Faith	\$ _____	<input type="checkbox"/> Mission Offering	\$ _____	<input type="checkbox"/> Communion	\$ _____	<input type="checkbox"/> Capital Campaign	\$ _____	<input type="checkbox"/> Capital Campaign - Principal	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total	\$ _____
<input type="checkbox"/> General Fund	\$ _____																	
<input type="checkbox"/> Building on Faith	\$ _____																	
<input type="checkbox"/> Mission Offering	\$ _____																	
<input type="checkbox"/> Communion	\$ _____																	
<input type="checkbox"/> Capital Campaign	\$ _____																	
<input type="checkbox"/> Capital Campaign - Principal	\$ _____																	
<input type="checkbox"/> Other _____	\$ _____																	
Total	\$ _____																	
CHECKING / SAVINGS	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: _____ 																
	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: _____																