

# Authorization Form

## Congregational Church of Amherst, NH, UCC



Effective date of authorization: \_\_\_\_\_

- Type of Authorization Form:
- |   |   |
|---|---|
| <input type="checkbox"/> New authorization      | <input type="checkbox"/> Change banking/credit card information |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation        |
| <input type="checkbox"/> Change donation date   |   |

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Date of first donation:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Date of last donation (optional):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Frequency of donation:** (please check one)

- Weekly – Mondays  
 Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup>  
 Monthly on the 1<sup>st</sup>  
 Monthly on the 15<sup>th</sup>

**Church fund designations and amounts:**

- |  |          |
|--|----------|
| <input type="checkbox"/> Congregational Care       | \$ _____ |
| <input type="checkbox"/> Building Fund             | \$ _____ |
| <input type="checkbox"/> Willard Parker Music Fund | \$ _____ |
| <input type="checkbox"/> Missions                  | \$ _____ |
| <input type="checkbox"/> Christian Education       | \$ _____ |
| <input type="checkbox"/> Stewardship Pledges       | \$ _____ |
| <input type="checkbox"/> Other _____               | \$ _____ |
| <input type="checkbox"/> Special Events            | \$ _____ |
| <input type="checkbox"/> Organ Awareness Campaign  | \$ _____ |

**Total** \$ \_\_\_\_\_

**Special Instructions:**

Please charge my donation 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 church to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): \_\_\_\_\_ Date: \_\_\_\_\_

- Please debit my donation from my (check one):
- Savings Account (contact your financial institution for Routing #)
- Checking Account (attach a voided check)

Routing Number: \_\_\_\_\_  
**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_

⑆ 1 2 3 4 5 6 7 8 9 0 ⑆ 1 2 3 ⑆ 1 2 3 4 5 6 ⑆ 0 0 0 1

Routing Number      Account Number      Check Number

I authorize the above church 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: \_\_\_\_\_