## **AUTHORIZATION FORM**

Name of the organization: San Agustin Church

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	DATE	
			Change donation amount	
Last Name			First Name	
Address				
City			State Zip	
Email Address				
DATE OF FIRST DONATION:		FREQUENCY OF DONATION:	FUNDS: AMOUNTS:	
		<ul> <li>□ Weekly – Mondays</li> <li>□ Monthly on the 1<sup>st</sup></li> <li>□ Monthly on the 15<sup>th</sup></li> </ul>	□ General/Operating         \$           □ Maintenance         \$           □ Other         \$	
			Total from above \$	
CHECKING / SAVINGS	Please debit my donation from  Savings Account (contact)  Checking Account (attach)	your financial institution for Routing #)	Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:    1.123.557891.123.123.5581.0001   Check Number   Routing 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	Card Brand (check one):	☐ Visa ☐ MasterCard ☐	☐ American Express ☐ Discover Card	
	Card Number:		Expiration Date:	
	Name on Card:			
	Billing Address (if different from above):			
	I authorize the above organization to process transactions in accordance with the information above.			
	Signature (as it appears on the	card):	Date:	

If using a checking account, please attach a voided check over the credit/debit card section above.