



AUTHORIZATION FORM



Name of the organization:

Faith Haven Camp, Inc

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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	Zip
Email Address			

Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 <input type="checkbox"/> Monthly on the 15 <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
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CH EC KI NG / SA VI NG S	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: _____ 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 voided check at the bottom of this page.