

AUTHORIZATION FORM

St Alphonsa Syro-Malabar Catholic Church Mission, Minnesota

FOR OFFICE USE ONLY	MEMBER #	DATE
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Effective date of authorization: _____

Type of Authorization Form: New Authorization Change banking information
 Change donation amount Change donation date
 Discontinue electron

Last Name	First Name
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Address

City	State	Zip
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Email Address

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

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3
Account Number: _____

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> Church Building \$ _____ <input type="checkbox"/> _____ \$ _____ TOTAL \$ _____
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AGREEMENT
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: _____

Please attach voided check here.