## **AUTHORIZATION FORM**

## Name of the organization:

## St. John the Evangelist

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE			
Type of authorization:/ New auth Change								☐ Change donation date	
Last Name			First Name						
Address									
City							State	Zip	
Email Address									
Date of first donation:/  Date of last donation (optional):/		Frequ	Monthly on the 1 <sup>st</sup> Monthly on the 15 <sup>th</sup> Bi-Weekly (every other week) One Time	Amount of first donation: \$					
CHECKING / SAVINGS	Please debit my donation from my (check one):  Savings Account (contact your financial institution for Routing #)  Checking Account (attach a voided check below)			<b>V</b> a	Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:  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:				

If using a checking account, please attach a voided check at the bottom of this page.