AUTHORIZATION FORM

Orga	anization Name:Trinity Lutheran Church	
Cus	stomer ld #	DATE
	pe of authorization:/	3-1-7
Las	st Name	First Name
Add	dress	
City	у	State Zip
Em	nail Address	
	Annual □ Other _(specify dates) General Fund (Please enter amount for Fund(s) Capital Campaign other () please specify ate of first payment:// Amount of recurring pay	payment: \$
CHECKING / SAVINGS	Please debit payment from my (check one): Savings Account (contact your financial institution for Routir Checking Account (staple a voided check below)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1.1.2.3.4.5.6.7.8.91. 1.2.3.4.5.6.1. 0.00.1. Check Number 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:	
	Please charge my payment to my (check one): Visa N	MasterCard ☐ American Express ☐ Discover Card
RD	Credit Card Number:	Expiration Date:
CREDIT/DEBIT CARD	Name on Card:	
	Billing Address (if different from above):	
CREDIT	I authorize the above organization to charge my credit card in ac Signature (as it appears on the credit card):	