


# AUTHORIZATION FORM

Columbus Mennonite Church

Effective date of authorization: ____/____/____			
<b>Type of authorization:</b> <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			
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi Monthly - 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 10th <input type="checkbox"/> Monthly on the 15th	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Other: (specify below) _____	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ Total \$ _____
<b>ONE-TIME CONTRIBUTIONS</b> <input type="checkbox"/> Capital Expenditures \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Compassion \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Sanctuary \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Staff Gifts \$ _____ Date to be transferred ____/____/____			
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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____	
CHECKING / SAVINGS	 <p style="text-align: center;"> <span style="color: orange;">ROUTING NUMBER</span>     <span style="color: green;">ACCOUNT NUMBER</span>     <span style="color: blue;">CHECK NUMBER</span> </p>		
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 here:*