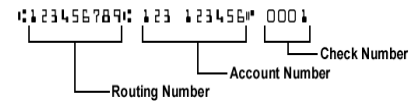


# AUTHORIZATION FORM

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
<p><b>Bethlehem Lutheran Church</b></p> <p>Effective date of authorization: ____/____/____</p> <p>Type of Authorization Form:    <input type="checkbox"/> New Authorization                      <input type="checkbox"/> Change banking information             <input type="checkbox"/> Change donation amount                      <input type="checkbox"/> Discontinue electronic donation             <input type="checkbox"/> Change donation date</p>		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<p><b>FIRST DONATION DATE:</b></p> <p>____/____/____</p>	<p><b>FREQUENCY OF DONATION:</b></p> <p><input type="checkbox"/> Weekly on Mondays  <input type="checkbox"/> Weekly on Fridays  <input type="checkbox"/> Monthly on the 1<sup>st</sup>  <input type="checkbox"/> Monthly on the 15<sup>th</sup>  <input type="checkbox"/> Semi-Monthly                      (transferred on 1<sup>st</sup> and 15<sup>th</sup> of each month)</p>	<p><b>FUNDS AND AMOUNTS:</b></p> <p><input type="checkbox"/> General/Operating                      \$ _____  <input type="checkbox"/> Mortgage Fund                              \$ _____  <input type="checkbox"/> Families in Need                              \$ _____  <input type="checkbox"/> Build Up Appeal                              \$ _____</p> <p style="text-align: right;"><b>Total</b> \$ _____</p>
<b>CHECKING / SAVINGS</b>	<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)  <input type="checkbox"/> Checking Account (attach a voided check below)</p>	<p>Routing Number: _____  <b>Valid Routing # must start with 0, 1, 2, or 3</b></p> <p>Account Number: _____</p> <p style="font-size: small;">  </p>
	<p>I authorize the above church 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.</p> <p>Authorized Signature: _____ Date: _____</p>	
<b>CREDIT CARD</b>	<p>Please charge my donation to my (check one):    <input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> American Express    <input type="checkbox"/> Discover Card</p>	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	<p>I authorize the above church to charge my credit card in accordance with the information above.</p> <p>Signature (as it appears on the credit card): _____ Date: _____</p>	

**Please attach voided check over credit card section above if using checking account.**