

AUTHORIZATION FORM

Shepherd's Gate Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE												
Effective date of authorization: ____/____/____ Type of authorization: <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														
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <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	<table style="width:100%; border:none;"> <tr> <td style="width:50%;">FUNDS:</td> <td style="width:50%;">AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> General Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building / Debt Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Missions Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Benevolence Fund</td> <td>\$ _____</td> </tr> <tr> <td style="text-align:right;">Total</td> <td>\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General Fund	\$ _____	<input type="checkbox"/> Building / Debt Fund	\$ _____	<input type="checkbox"/> Missions Fund	\$ _____	<input type="checkbox"/> Benevolence Fund	\$ _____	Total	\$ _____
FUNDS:	AMOUNTS:													
<input type="checkbox"/> General Fund	\$ _____													
<input type="checkbox"/> Building / Debt Fund	\$ _____													
<input type="checkbox"/> Missions Fund	\$ _____													
<input type="checkbox"/> Benevolence Fund	\$ _____													
Total	\$ _____													
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ ⑆ ⑆ 23456789 ⑆ ⑆ 23 ⑆ 23456 ⑆ 000 ⑆ <div style="display:flex; justify-content:center; gap:20px; margin-top:5px;"> <div style="border-top:1px solid black; width:100px;"></div> <div style="border-top:1px solid black; width:100px;"></div> <div style="border-top:1px solid black; width:100px;"></div> </div> <div style="display:flex; justify-content:center; gap:20px; margin-top:5px;"> Routing Number Account Number Check Number </div>												
	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.