AUTHORIZATION FORM

ELECTRONIC GIVING

Immaculate Conception of the Blessed Virgin

ES18064

FOR OFFICE USE ONLY

ENVELOPE/DONOR #

DATE

Effective date of authorization:				
51	 New Authorization Change donation amount Change donation date 	Change banking information Discontinue electronic donation		
Last Name				
Address				
City		State	Zip	
Email Address				
 Please debit my donation from my (check one): Checking Account (attach a voided check below) Savings Account (contact your financial institution for Routing #) 		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: *1234557874 123 123456* 0001 Check Number Routing Number		
DATE OF FIRST DONATION:	 FREQUENCY OF DONATION: (check only one) Weekly on Mondays Semi-monthly on the 1st and 15th Monthly on the 1st. Monthly on the 15th 		FUNDS AND AMOUNTS: Adult Offertory \$ General/Operating \$ Building \$ Construction Loan \$ Total \$	
AGREEMENT 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. Authorized Signature: Date:				
Please attach voided check here.				
