

AUTHORIZATION FORM

Name of the organization: FIRST PARISH MILTON

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	ENVELOPE/DONOR #		DATE	
Effective date of authorization:// Type of authorization: □ New authorization □ Change donation amount □ Change donation date						
		Change banking information				
Last Name			First Name			
Address						
City	(State	Zip	
Email Address						
Date of first donation: // Date of last donation (optional):		Frequency of donation: (please check one) Monthly on the 1st Monthly on the 15th Bi-Weekly (every other week)		Amount of first donation: \$ Amount of last donation (optional): \$		
		☐ One Time				
CHECKING / SAVINGS	Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)		Valid I	Routing Number: /alid Routing # must start with 0, 1, 2, or 3 Account Number: Little L		
	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:					
CREDIT / DEBIT CARD	Card Brand (check one):	☐ Visa ☐ MasterCard	☐ Americ	can Express Discover Ca	ard	
	Card Number:			Expiration Date:		
	Name on Card:					
	Billing Address (if different from above):					
	I authorize the above organization to process transactions in accordance with the information above.					
	Signature (as it appears on the card): Date:					