

ELECTRONIC GIVING AUTHORIZATION FORM

Name of the organization: RESURRECTION CHURCH, APTOS, CALIFORNIA

FOR OFFICE USE ONLY	ENVELOPE#	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		Phone Number:												
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 <input type="checkbox"/> Quarterly (1 st of month beginning ____) <input type="checkbox"/> One Time Only	FUNDS: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> General Fund (plate)</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Parish Assistance Ministry</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building Fund for Markey Community Center</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td style="text-align:right;">Total</td> <td style="text-align:right;">\$ _____</td> </tr> </table>	<input type="checkbox"/> General Fund (plate)	\$ _____	<input type="checkbox"/> Parish Assistance Ministry	\$ _____	<input type="checkbox"/> Building Fund for Markey Community Center	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	Total	\$ _____
<input type="checkbox"/> General Fund (plate)	\$ _____													
<input type="checkbox"/> Parish Assistance Ministry	\$ _____													
<input type="checkbox"/> Building Fund for Markey Community Center	\$ _____													
<input type="checkbox"/> _____	\$ _____													
<input type="checkbox"/> _____	\$ _____													
Total	\$ _____													
ANNUAL CONTRIBUTIONS <input type="checkbox"/> Easter offering \$ _____ Transferred on April 1st <input type="checkbox"/> Thanksgiving offering \$ _____ Transferred on November 20th <input type="checkbox"/> Christmas offering \$ _____ Transferred on December 15th														
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: _____ 												
	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: _____													
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card													
	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: _____													

If using a checking account, please attach a voided check over the credit/debit card section above.