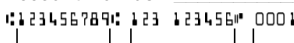
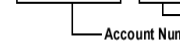
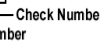


# AUTHORIZATION FORM – ONLINE GIVING – AUTOMATIC WITHDRAWAL *\*recurring*

**A convenient, consistent way to help our church grow!**

**Name of the organization: FOX POINT LUTHERAN CHURDH**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
<b>Effective date of authorization:</b> ____/____/____		
<b>Type of authorization:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New authorization  <input type="checkbox"/> Change banking information         </div> <div> <input type="checkbox"/> Change donation amount  <input type="checkbox"/> Discontinue electronic donation         </div> <div> <input type="checkbox"/> Change donation date         </div> </div>		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> General/Operating  <input type="checkbox"/> Building Faith Forward  <input type="checkbox"/> </div> <div> <b>AMOUNTS:</b>            \$_____            \$_____            \$_____  <b>Total \$</b>_____         </div> </div>
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> Account Number: _____ <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="text-align: center;">               Routing Number           </div> <div style="text-align: center;">               Account Number           </div> <div style="text-align: center;">               Check Number           </div> </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: _____		
<b>CREDIT / DEBIT CARD</b>	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.**