

# AUTHORIZATION FORM

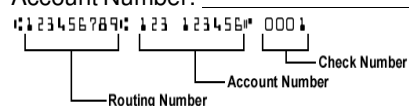
ES15645

## St. Thomas Becket

4455 S Robert Trail

Eagan, MN 55123

Fax: 651-683-0361

| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                               | ENVELOPE/DONOR #                                                                                                                                                                                                                                                                                                                    | DATE                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date of authorization: _____<br>Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information<br><input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation<br><input type="checkbox"/> Change donation date |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                        |
| Last Name                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                     | First Name                                                                                                                                                                             |
| Address                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                        |
| City                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                     | State                      Zip                                                                                                                                                         |
| Email Address                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                        |
| <b>DATE OF FIRST DONATION:</b><br>_____/_____/_____                                                                                                                                                                                                                                                                               | <b>FREQUENCY OF DONATION:</b><br><input type="checkbox"/> Weekly on Mondays<br><input type="checkbox"/> Monthly on the 5 <sup>th</sup><br><input type="checkbox"/> Monthly on the 20 <sup>th</sup><br><input type="checkbox"/> One-Time<br>Note: If more than one date is chosen, total deducted will be evenly divided among dates | <b>FUNDS AND AMOUNTS:</b><br><input type="checkbox"/> General Operating    \$ _____<br><input type="checkbox"/> Maintenance                      \$ _____<br><br><b>Total</b> \$ _____ |
| <b>ANNUAL CONTRIBUTIONS:</b><br><input type="checkbox"/> Easter Offering                      \$ _____<br><input type="checkbox"/> Christmas Offering                      \$ _____                                                                                                                                               | Date to be transferred _____/_____/_____<br>Date to be transferred _____/_____/_____                                                                                                                                                                                                                                                |                                                                                                                                                                                        |
| <input type="checkbox"/> Optional – Pay an additional 2.75% to defray credit card processing fees \$ _____                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                        |
| <b>CHECKING / SAVINGS</b>                                                                                                                                                                                                                                                                                                         | Please debit my donation from my (check one):<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)<br><input type="checkbox"/> Checking Account (staple a voided check below)                                                                                                             |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                   | Routing Number: _____<br><b>Valid Routing # must start with 0, 1, 2, or 3</b><br><br>Account Number: _____<br>                                                                                                                                  |                                                                                                                                                                                        |
| 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: _____                                                                                                                                                                            |
| <b>CREDIT CARD</b>                                                                                                                                                                                                                                                                                                                | Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card                                                                                                                                     |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                   | Credit Card Number: _____                                                                                                                                                                                                                                                                                                           | Expiration Date: _____                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                   | Name on Card: _____                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                   | Billing Address (if different from above): _____                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                   | I authorize the above church to charge my credit card in accordance with the information above.                                                                                                                                                                                                                                     |                                                                                                                                                                                        |
| Signature (as it appears on the credit card): _____                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                     | Date: _____                                                                                                                                                                            |

**Please attach voided check over credit card section above if using checking account.**