

# RECURRING DONATION AUTHORIZATION FORM



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Effective date of authorization: ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
<b>MONTHLY PAYMENT:</b>		
Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> Other_____		
Date of first payment: ____/____/____    Amount of monthly payment: \$_____		
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	
	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____		
<b>CREDIT CARD</b>	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/>	
	Credit Card Number: _____                      Expiration Date: _____	
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____		

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

<b>For Office Use:</b>		
DATE:	Client ID:	