AUTHORIZATION FORM

Name of the organization: __St. Thomas the Apostle Muskegon, Michigan__

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:
- ☐ New authorization
- ☐ Change banking information
- ☐ Change donation amount
- ☐ Discontinue electronic donation
- ☐ Change donation date

Last Name	First Name

Address

City	State	Zip

Email Address

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:
- ☐ Weekly – Mondays
- ☐ Semi-Monthly – 1st and 15th
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th

FUNDS:
- ☐ General/Operating
- ☐ Building
- ☐ _____

AMOUNTS:

$_____

$_____

$_____

Total $_____

ANNUAL CONTRIBUTIONS

- ☐ Easter offering $_____   Date to be transferred _____/_____/_____
- ☐ Thanksgiving offering $_____   Date to be transferred _____/_____/_____
- ☐ Christmas offering $_____   Date to be transferred _____/_____/_____

CHECKING / SAVINGS

Please debit my donation from my (check one):

- ☐ Savings Account (contact your financial institution for Routing #)
- ☐ Checking Account (attach a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑈123456789⑈ 123 123456⑈ 0001

— Check Number
— Account Number
— Routing 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:_____

If using a checking account, please attach a voided check at the bottom of this page.