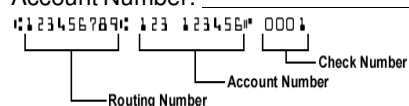


AUTHORIZATION FORM

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: _____ Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City	State	Zip
Email Address		
DATE OF FIRST DONATION: _____/_____/_____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Monthly on the 15 th (capital campaign only) <input type="checkbox"/> Monthly on the 5 th <input type="checkbox"/> Monthly on the 20 th <input type="checkbox"/> One-Time Note: If more than one date is chosen, total deducted will be evenly divided among dates	FUNDS AND AMOUNTS: <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Maintenance \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <p style="text-align: right;">Total \$ _____</p>
ANNUAL CONTRIBUTIONS: <input type="checkbox"/> Easter Offering \$ _____ <input type="checkbox"/> Christmas Offering \$ _____	Date to be transferred _____/_____/_____ Date to be transferred _____/_____/_____	
<input type="checkbox"/> Optional – Pay an additional 2.75% to defray credit card processing fees \$ _____		
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 (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	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: _____	
CREDIT CARD	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.