

AUTHORIZATION FORM

Nord Est Haiti Lutheran Mission c/o Faith Lutheran Church

The **Simply Giving**® Program
endorsed by



FOR OFFICE USE ONLY		DONOR #	DATE
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change banking information <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: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Amount of first donation: \$ ____ Amount of last donation (optional): \$ ____	
Date of last donation (optional): ____/____/____			
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 (attach a voided check below)		Routing Number: ____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: ____ Routing Number Account Number Check 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.