AUTHORIZATION FORM

ASBURY UNITED CHURCH OF SPRINGFIELD, MO. INC.



FOR OFFICE USE ONLY			ENVELOPE/DONOR #				DATE	
Effective date of authorization: // Type of authorization: Image: New authorization information Image: Change banking information Image: Change donation amount information Image: Change banking information Image: Change donation amount information							onation date	
Las	t Name		First Name					
Address								
City						State	Zip	
Email Address								
Date of first donation: // Date of last donation (optional): //		Frequ	 Monthly on the 15th Bi-Weekly (every other week) 			Amount of first donation: \$ Amount of last donation (optional): \$		
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) 			unt lu	Routing Number:			
	reasonable notification to terminate the authorization. Authorized Signature:							
CREDIT / DEBIT CARD	Card Brand (check one): Visa MasterCard American Express Discover Card							
	Card Number:					Expiration Date:		
	Name on Card:							
	Billing Address (if different from above):							
	I authorize the above organization to process transactions in accordance with the information above.							
	Signature (as it appears on the card):						C	Pate:

If using a checking account, please attach a voided check over the credi/debitt card section above.