DONATION AUTHORIZATION FORM

LYONSVILLE CONGREGATIONAL UNITED CHURCH OF CHRIST
6871 JOLIET ROAD, INDIAN HEAD PARK, IL 60525
lyonsvillechurch.org

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

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

Last Name	First Name

Address

City	State	Zip

Email Address

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:
❑ Weekly – Mondays
❑ Monthly on the 1st
❑ Monthly on the 15th

FUNDS:	AMOUNTS:
❑ General/Operating	$_____
❑ Mission Board	$_____
❑ Pastor's Discretionary Fund	$_____
❑ Christmas Fund	$_____
❑ Neighbors In Need	$_____
❑ One Great Hour of Sharing	$_____
❑ OCWM	$_____
❑ Strengthen The Church	$_____
❑ Other_____	$_____
Total from above	**$_____**

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
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:_____

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): _____ Date: _____

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