

# AUTHORIZATION FORM

Name of the organization: Holy Cross Evangelical Lutheran Church  
 Attention: Coordinator of Stewardship  
 4701 Grove Street  
 Rocklin, CA 95677  
 (916) 624-8185

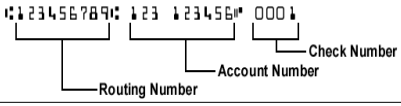
<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
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Effective date of authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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:	FUNDS:	AMOUNTS:
____/____/____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<input type="checkbox"/> General/Operating <input type="checkbox"/> Building Fund <input type="checkbox"/> Preschool	\$ _____ \$ _____ \$ _____

<b>CHE CKI NG / SAV ING S</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account 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.*