

AUTHORIZATION FORM

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Prince of Peace Lutheran Church	13901 Fairview Drive, Burnsville, MN 55337	952-435-8102
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
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Address		
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City	State	Zip
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Email Address	Phone
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Date of first donation: ____/____/____	FREQUENCY OF GIFT: (Please check only one)	FUNDS AND AMOUNTS
Date of last donation: ____/____/____	<input type="checkbox"/> Bi-weekly (Monday or Friday)	<input type="checkbox"/> Mission and Ministry \$ _____
	<input type="checkbox"/> Weekly (Monday or Friday)	<input type="checkbox"/> Foundation \$ _____
	<input type="checkbox"/> Semi-monthly (on 1 st and 15 th of each month)	<input type="checkbox"/> <i>No Debt! Know Mission!</i> \$ _____
	<input type="checkbox"/> Monthly on the 1 st	<input type="checkbox"/> Capital Replacement Fund \$ _____
	<input type="checkbox"/> Monthly on the 15 th	
	START DATE: _____	Total: \$ _____

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: _____ <small> ⑆ 23456789 ⑆ 23 23456 ⑆ 000 ⑆ └─── Routing Number └─── Account Number └─── Check Number </small>
	I authorize Prince of Peace and Vanco Services 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: _____ <input type="checkbox"/> I voluntarily add 3% to offset fees
	Billing Address (if different from above): _____
	I authorize Prince of Peace and Vanco Services 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. Return form to Prince of Peace Finance Office.