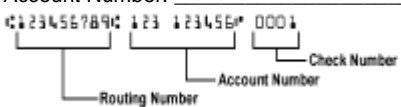


AUTHORIZATION FORM

Name of the organization: Lutheran Church of the Holy Spirit, Emmaus PA

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE																																				
Effective date of authorization: ____/____/____																																						
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation																																						
Last Name	First Name																																					
Address																																						
City	State	Zip																																				
Email Address																																						
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> One Time <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">FUNDS:</td> <td style="padding: 5px;">AMOUNTS:</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> General/Operating</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Building Maintenance</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Spirit Led Campaign</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Benevolence</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Project Help</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> World Hunger</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Lutheran Disaster Response</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"> Disaster: _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Memorial</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"> In Memory of: _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;">\$ _____ Total</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">Total from above</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Optional (card donations only):</td> <td style="padding: 5px;">x 2.75%</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Add an additional 2.75% to defray card processing fees</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">Grand total</td> <td style="padding: 5px;">\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building Maintenance	\$ _____	<input type="checkbox"/> Spirit Led Campaign	\$ _____	<input type="checkbox"/> Benevolence	\$ _____	<input type="checkbox"/> Project Help	\$ _____	<input type="checkbox"/> World Hunger	\$ _____	<input type="checkbox"/> Lutheran Disaster Response	\$ _____	Disaster: _____	\$ _____	<input type="checkbox"/> Memorial	\$ _____	In Memory of: _____	\$ _____		\$ _____ Total	Total from above		\$ _____	<input type="checkbox"/> Optional (card donations only):		x 2.75%	Add an additional 2.75% to defray card processing fees			Grand total		\$ _____
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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: _____ 																																				
	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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/>	
	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.