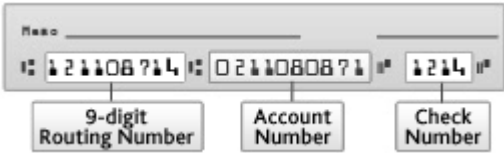


# AUTHORIZATION FORM

Church Name: Community Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE / DONOR #	DATE
<b>Date of authorization:</b> ___/___/___ <b>Type of authorization:</b> ___ New authorization ___ Change authorization amount ___ Change donation date ___ Change banking information ___ Discontinue electronic donation		
Last name		First name
Address		
City	State	Zip
E-mail address		Phone
<b>DATE OF FIRST DONATION:</b> ___/___/___	<b>FREQUENCY OF DONATION:</b> ___ Monthly on the 1 <sup>st</sup> ___ Monthly on the 15 <sup>th</sup> ___ Twice per month on the 1 <sup>st</sup> and the 15 <sup>th</sup>	<b>FUNDS / AMOUNTS:</b> <b>Escondido Campus</b> \$ _____ General Operating Fund \$ _____ Imagine the Possibilities <b>San Marcos Campus</b> \$ _____ General Operating Fund <b>Total \$</b> _____
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): ___ Savings account (contact your financial institution for routing #) ___ Checking account (attach a voided check)	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: _____	

For questions, contact Sarah Grainger at 760-739-1650 x105 or sgrainger@clcesc.org. Please return form to:  
 Attn: Sarah Grainger, Office Manager  
 Community Lutheran Church  
 3575 East Valley Parkway  
 Escondido, CA 92027