

E-GIVING AUTHORIZATION FORM

Name of Organization: Zion Lutheran Church

Zion Lutheran Church

70 Main Street, Oxford, MA

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"/> Weekly - Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (<i>transferred on 1st & 15th of each month</i>)	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">FUNDS</th> <th style="text-align: left; padding: 5px;">AMOUNTS</th> </tr> </thead> <tbody> <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</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Evangelism / Outreach</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="text-align: right; padding: 5px;">Total</td> <td style="padding: 5px;">\$ _____</td> </tr> </tbody> </table>	FUNDS	AMOUNTS	<input type="checkbox"/> General / Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> Evangelism / Outreach	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	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 (attach a voided check below)	Routing Number (<i>Valid Routing # must start with 0, 1, 2, or 3</i>) _____ Account Number _____ <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;"> <table style="margin: auto;"> <tr> <td style="text-align: center;">⑆ 23456789 ⑆</td> <td style="text-align: center;">123</td> <td style="text-align: center;">12345678</td> <td style="text-align: center;">0001</td> </tr> <tr> <td style="text-align: center;">└──────────┘</td> <td style="text-align: center;">└──┘</td> <td style="text-align: center;">└──────────┘</td> <td style="text-align: center;">└──┘</td> </tr> <tr> <td style="text-align: center;"><i>Routing Number</i></td> <td></td> <td style="text-align: center;"><i>Account Number</i></td> <td style="text-align: center;"><i>Check Number</i></td> </tr> </table> </div>	⑆ 23456789 ⑆	123	12345678	0001	└──────────┘	└──┘	└──────────┘	└──┘	<i>Routing Number</i>		<i>Account Number</i>	<i>Check Number</i>				
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If using a checking account, please attach a voided check.

*Please contact **Lee Elliott** with any questions.*