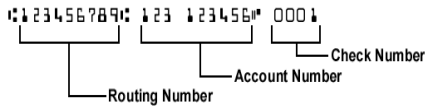


# AUTHORIZATION FORM

|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                   | <b>DONOR #:</b> _____                                                                                                                                                                                                                                                 | <b>DATE:</b> _____                                                                                   |
| <b>Name of the organization:</b> _____                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                       |                                                                                                      |
| Last Name                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                       | First Name                                                                                           |
| Address                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                                                                                      |
| City                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                       | State      Zip                                                                                       |
| Email Address                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                       |                                                                                                      |
| <b>DONATION:</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                       |                                                                                                      |
| <b>Date of first donation:</b><br>____/____/____<br><br><b>Date of last donation (optional):</b><br>____/____/____                                                                                                                                                           | <b>Frequency of donation:</b> (please check one)<br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup><br><input type="checkbox"/> Bi-Weekly (every other week)<br><input type="checkbox"/> One Time | <b>Amount of first donation:</b> \$ _____<br><br><b>Amount of last donation (optional):</b> \$ _____ |
| Please debit donations from my (check one):<br><input type="checkbox"/> Checking Account (attach a voided check below)<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)                                                        | Routing Number: _____<br><i>Valid Routing # must start with 0, 1, 2, or 3</i><br><br>Account Number: _____<br>                                                                     |                                                                                                      |
| <b>AGREEMENT</b><br>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.<br><br>Authorized Signature: _____ Date: _____ |                                                                                                                                                                                                                                                                       |                                                                                                      |

**Please staple voided check here.**