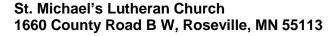
AUTHORIZATION FORM





		ENVELOPE/DONOR #		DATE		
	=	norization \square C	Change donation amount Discontinue electronic donation			
Last Name			First Name			
Address						
City	1			State		Zip
Email Address						
DATE OF FIRST DONATION:		FUNDS: General/Operating Disaster Relief & Sp Benevolence	☐ General/Operating \$ ☐ Disaster Relief & Special \$		- 	
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below) I authorize the above organization to process debit entries to my account reasonable notification to terminate the authorization.		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Account Number L understand that this authority will remain in effect until I provide			
	Authorized Signature:		Date:			

If using a checking account, please attach a voided check at the bottom of this page.