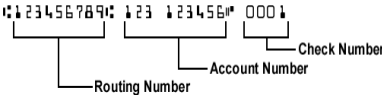




Resourcing International Communities

AUTHORIZATION FORM

Mail to: Whole Hearts, 311 Linwood Ave, Stevens Point WI 54481

FOR OFFICE USE ONLY		DONOR #	DATE
Effective date of authorization: ____/____/____			
Type of authorization:	<input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information	<input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation	<input type="checkbox"/> Change donation date
Last Name	First Name		
Address			
City		State	Zip
Email Address		Phone number	
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> One Time	Donation amount: \$ _____	
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: _____  The diagram shows a sample card number: 6011 2345 6789 0123 4567 8901 2345 6789. Brackets indicate that the first six digits (601123) are the Routing Number, the next eight digits (45678901) are the Account Number, and the final four digits (2345) are the Check 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		
	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: _____		

* Checking/ Savings is preferred since Whole Hearts pays a fee of about 3% for credit/debit card donations and we want to make the best use of your ministry donation.