

# AUTHORIZATION FORM

## Farmington Lutheran Church



# TITHE.LY

<b>Effective date of authorization:</b> ____/____/____			
<b>Type of authorization:</b> <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		Phone Number:	
<b>DATE OF FIRST DONATION:</b> ____/____/____  <b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Specify Day: ____ <input type="checkbox"/> Monthly – Specify Date: ____ Semi-Monthly (transferred on 1 <sup>st</sup> & 15 <sup>th</sup> of each month)		<b>FUNDS:</b> <input type="checkbox"/> <b>Operating Fund</b> (General expenses, mortgage payments, & benevolence)  <input type="checkbox"/> <b>Strengthening Faith Campaign</b> (Applies directly to reducing our mortgage principal)  <input type="checkbox"/> <b>Other (Please Designate)</b> _____  <div style="text-align: right;"><b>TOTAL</b></div>	
		<b>AMOUNTS:</b> \$ _____  \$ _____  \$ _____  \$ _____	
<b>CHECKING / SAVINGS</b>	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)  <i>If using a checking account, please attach a voided check over the credit card section above.</i>		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <div style="text-align: center;"> </div>
	I will cover the Tithely processing fees. ACH/Bank: 1% + 30¢ per transaction. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	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: _____		
<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
	I will cover the Tithely processing fees. Visa & Mastercard 2.9% + 30¢ per transaction; American Express 3.5% + 30¢ per transaction. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Credit Card Number:	Expiration Date:	CVC:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____			