AUTHORIZATION FORM

**Immanuel Lutheran Church, School & Child Care Center
Marshfield, WI (Offerings)**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____
Type of authorization:
☐ New authorization ☐ Change donation amount ☐ Change donation date
☐ Change banking information ☐ Discontinue electronic donation

Last Name	First Name
Address	
City	State	Zip
Email Address	

CHURCH DONATIONS

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:
☐ Weekly – Mondays
☐ Monthly on the 1st
☐ Monthly on the 15th

FUNDS:
☐ General/Operating
☐ Missions
☐ Go Missionaries
☐ Building
☐ School
Total

AMOUNTS:
$_____
$_____
$_____
$_____
$_____
$_____

TUITION PAYMENT PLAN (please check one):
☐ 10 Month Plan (Sept.. through June) ☐ 4 Month Plan (Sep., Nov., Feb., May.) ☐ 2 Payment Plan (Sept. and Feb.)

Date of first payment: _____/_____/_____ Date of last payment (optional): _____/_____/_____	Payment frequency: ☐ Weekly on _____ ☐ Monthly on _____ ☐ Semi-Monthly (transferred on 1st and 15th of each month)	Amount of first payment: $_____ Amount of ongoing payment: $_____ Amount of last payment (optional): $_____

CHILDCARE PAYMENT PLAN (please check one):
Date of first payment: Date of last payment (optional):

_____/_____/_____ (mm//dd/yy)   _____/_____/_____

Frequency of payment:
(please check only one)
☐ Weekly on Fridays
☐ Monthly on the 1st
☐ Monthly on the 15th

Amount of Payment:
$ _____

Or balance Due

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)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____
⑆123456789⑆ 123 123456⑈ 0001
└─ Check Number
└─ Account Number
└─ Routing 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):   ☐ Visa   ☐ MasterCard   ☐ American Express   ☐ 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: _____