

AUTHORIZATION FORM for electronic giving

Cherry Creek Wesleyan Church

For Office Use Only	Envelope/Donor #	Date
---------------------	------------------	------

Effective date of authorization: _____	
Type of Authorization Form:	
<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

Phone Number:

Email:

DATE OF FIRST DONATION: ____/____/____	DONATION AMOUNT \$ _____	FREQUENCY OF DONATION:	<input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Monthly on the (choose a date) _____
		<input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Monthly on the 1st	

I authorize the above church and Authorize.net to process debit entries to my account or to charge my credit/debit card in accordance with the information provided. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.
Authorized Signature: _____ Date: _____

----- -Bottom portion will be detached and shredded after account is created- -----

CREDIT CARD OR DEBIT CARD	
Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Card	
Credit Card Number:	Expiration Date:
Name on Card:	Card Code:
Billing Address (if different from above):	