AUTHORIZATION FORM

**Organization Name: Emmaus Campus Ministry**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Id #** | | |  | | | | | | | **DATE** | | | | |
| **Effective date of authorization:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Type of authorization:** | | * New authorization | | | * Change payment amount | | | | | | | * Change payment date | | |
|  | | * Change banking information | | | * Discontinue electronic payment | | | | | | |  | | |
| Last Name | | | | | | | First Name | | | | | | | |
| Address | | | | | | | | | | | | | | |
| City | | | | | | | | | | | State | | | Zip |
| Email Address | | | | | | | | | | | | | | |
| **Payment Frequency:**  one-time  Recurring (select one)-  Weekly  Monthly  Annual  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Date of one time payment: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | | |
| Amount : $\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date of first payment: **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** Amount of recurring payment: $\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **CHECKING / SAVINGS** | Please debit payment from my (check one):   * Savings Account (contact your financial institution for Routing #) * Checking Account (staple a voided check below) | | | | | | | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Valid Routing # must start with 0, 1, 2, or 3*Account 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 | Please charge my payment to my (check one): | | | Visa | | MasterCard | | | American Express | | | | Discover Card | |
| Credit Card Number: | | | | | | | | Expiration Date: | | | | | |
| 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: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |

***If using a checking account, please attach a voided check over the credit card section.***