AUTHORIZATION FORM

Name of the organization: Dayton Annunciation Greek Orthodox Church

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE	
Effective date of authorization:/ Type of authorization: New auth						☐ Change donation date ation	
Las	t Name			First Name			
Address							
City						State	Zip
Email Address							
Date of first donation: // Date of last donation (optional)://		Frequ	 □ Monthly on the 15th □ Bi-Weekly (every other week) 		Amount of first donation: \$ Amount of last donation (optional): \$		
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: 1:1234567891: 123 1234561 000 1 — 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:						
CREDIT / DEBIT CARD	Card Brand (check one):	☐ Vis	sa 🗖 MasterCard	☐ Ameri	can Express	☐ Discover Card	i
	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):				Dat	e:

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