

AUTHORIZATION FORM



Name of the organization: **The Winthrop Wesley Foundation** UM14447

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE														
Effective date of authorization: ____/____/____																
Type of authorization: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information </div> <div> <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation </div> <div> <input type="checkbox"/> Change donation date </div> </div>																
Last Name		First Name														
Address																
City		State Zip														
Email Address																
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 5 th <input type="checkbox"/> Monthly on the 15 th	<table style="width: 100%;"> <tr> <th style="text-align: left;">FUNDS:</th> <th style="text-align: left;">AMOUNTS:</th> </tr> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Retreats</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Missions</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Rent (Wesley House)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Retreats	\$ _____	<input type="checkbox"/> Missions	\$ _____	<input type="checkbox"/> Rent (Wesley House)	\$ _____	<input type="checkbox"/> _____	\$ _____	Total	
FUNDS:	AMOUNTS:															
<input type="checkbox"/> General/Operating	\$ _____															
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<input type="checkbox"/> Missions	\$ _____															
<input type="checkbox"/> Rent (Wesley House)	\$ _____															
<input type="checkbox"/> _____	\$ _____															
Total																
CHECKING / SAVINGS	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)															
	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="text-align: center; font-size: small;"> </div>															
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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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: _____																

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