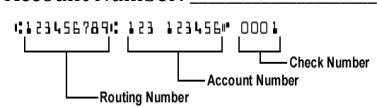




Contribution Envelope #		DATE
Effective date of authorization: ____/____/____		
Type of authorization: New authorization <input type="checkbox"/> Change contribution amount <input type="checkbox"/> Change contribution date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue Simple Giving <input type="checkbox"/>		
Last Name		First Name
Address		
City		State Zip
Email Address		
Contribution Frequency: <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Monthly - 1st <input type="checkbox"/> Monthly - 15th <input type="checkbox"/> Semi-monthly - 1st and 15th		
Date of first contribution ____/____/____		Total amount of contribution: \$ _____
C H E C K I N G / S A V I N G / D E B I T C A R D	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	
	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 	
I authorize Dilworth Lutheran Church 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: _____		
Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
Credit Card Number:		Expiration Date:
Name on Card:		
Billing Address (if different from above):		
I authorize Dilworth Lutheran Church to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____		Date: _____
<i>If using a checking account, please attach a voided check over the credit card section.</i>		