

AUTHORIZATION FORM - EGIVING

Name of the organization: **BREESPORT BAPTIST CHURCH**

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"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> General/Operating <input type="checkbox"/> CTG or Y&E Bldg. Fund <input type="checkbox"/> Other _____ </div> <div> AMOUNTS: \$ _____ \$ _____ \$ _____ </div> </div>
		<div style="text-align: right;"> Total from above \$ _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Optional (card donations only): x 2.75% Add an additional 2.75% to defray card processing fees </div> <div style="text-align: right; margin-top: 10px;"> Grand total \$ _____ </div>
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)	
	<div style="display: flex; justify-content: space-between;"> <div> Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; margin-top: 5px;"> ⑆ 123456789 ⑆ 123 123456 ⑆ 000 ⑆ <div style="display: flex; justify-content: space-around; width: 100%;"> <div>Routing Number</div> <div>Account Number</div> <div>Check Number</div> </div> </div> </div> </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.