GIVE PLUS AUTHORIZATION FORM

DATE:	ENVELOPE NUMBER:

Name:

Address:

City State Zip:

Email Address:

| FIRST CONTRIBUTION DATE:	FUNDS:	AMOUNTS:
____ / ____ / ____	General/Operating	
	1st of Month	$_____
FREQUENCY OF DONATION:	15th of Month	$_____
Weekly – Mondays	Weekly Amount	$_____
Semi-monthly—1st & 15th		
Monthly on the 1st	**Monthly TOTAL:**	$_____
Monthly on the 15th		

Please debit my contribution from my (check one):

Savings Account (attach a voided deposit slip)

Checking Account (attach a voided check)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____
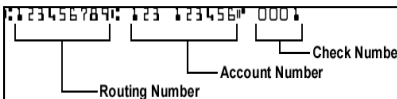
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____