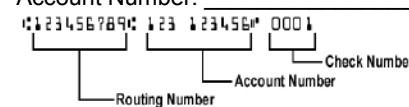


AUTHORIZATION FORM



Organization Name: MISSION EMANUEL, INC

FOR OFFICE USE ONLY		DATE									
Effective date of authorization: _____ Type of Authorization: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> New Authorization</td> <td style="width: 33%;"><input type="checkbox"/> Change credit card information</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change credit card information		<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation		<input type="checkbox"/> Change donation date		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change credit card information										
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation										
<input type="checkbox"/> Change donation date											
Last Name		First Name									
Address											
City		State Zip									
Email Address											
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check one) <ul style="list-style-type: none"> <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Semi-Monthly – 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th 	FUNDS AND AMOUNTS: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><input type="checkbox"/> General/Operating</td> <td style="width: 30%;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>\$ _____</td> </tr> </table>	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total	\$ _____			
<input type="checkbox"/> General/Operating	\$ _____										
<input type="checkbox"/> Other _____	\$ _____										
Total	\$ _____										
CHECKING / SAVINGS	Please debit my donation from my (check one): <ul style="list-style-type: none"> <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: _____ 									
	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 CARD	Please charge my donation 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 Mission Emanuel to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____										