

# e-giving AUTHORIZATION FORM

**St Pauls Waccamaw Methodist Church / 180 St. Paul Place Pawleys Island, SC 29585**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
<b>Effective date of authorization:</b> ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> General (Pledge)      \$ _____ <input type="checkbox"/> General (Non-Pledge)      \$ _____ <input type="checkbox"/> _____      \$ _____ <input type="checkbox"/> _____      \$ _____ <div style="text-align: right;"><b>Total</b></div>
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing # and account number)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____	
<b>CREDIT / DEBIT CARD</b>	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.*