

AUTHORIZATION FORM

UKIRK NASHVILLE / Presbyterian Campus Ministry, Inc.
 2301 Vanderbilt Place, PMB 406311
 Nashville, TN 37240

ES15661

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change donation date	
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Please debit my donation from my (check one):		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		Valid Routing # must start with 0, 1, 2, or 3
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		<small> * 234567890 * 23 23456 * 000 * Routing Number Account Number Check Number </small>
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one)	DESIGNATED AMOUNT:
	<input type="checkbox"/> Semi-monthly on the 1 st and 15 th	<input type="checkbox"/> General/Operating \$ _____
	<input type="checkbox"/> Monthly on the 1 st	
	<input type="checkbox"/> Monthly on the 15 th	
AGREEMENT		
I authorize Presbyterian Campus Ministry 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 attach voided check here.