



Member Enrollment and Authorization Form

Grace Evangelical Lutheran Church, 3233 Annandale Road, Falls Church, VA 22042

Return completed enrollment form to the Church Office

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE										
Effective date of authorization: ____/____/____ Type of authorization: <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												
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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FUNDS:</td> <td style="width:50%;">AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total \$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total \$ _____	
FUNDS:	AMOUNTS:											
<input type="checkbox"/> General/Operating	\$ _____											
<input type="checkbox"/> Building	\$ _____											
<input type="checkbox"/> Other _____	\$ _____											
Total \$ _____												
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)											
	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 / 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.