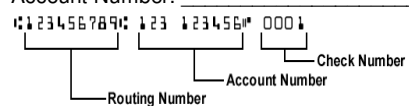


# AUTHORIZATION FORM – RECURRING GIVING REV 02/15

Name of the organization: Calvary Bible Church of Mount Joy, PA 629 Union School Rd. Mount Joy, PA 17552\_\_

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>																		
<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 & Phone #																				
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>FUNDS:</b></td> <td style="width:50%;"><b>AMOUNTS:</b></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;"><b>Total from above</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> <b>Optional (card donations only):</b>    <b>x 2.75%</b>            Add an additional 2.75% to defray card processing fees         </td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Grand total</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> </table>	<b>FUNDS:</b>	<b>AMOUNTS:</b>	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> Other _____	\$ _____	<b>Total from above</b>		\$ _____		<input type="checkbox"/> <b>Optional (card donations only):</b> <b>x 2.75%</b> Add an additional 2.75% to defray card processing fees		<b>Grand total</b>		\$ _____	
<b>FUNDS:</b>	<b>AMOUNTS:</b>																			
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<b>Grand total</b>																				
\$ _____																				
<b>CHECKING / SAVINGS</b>	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: _____ <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.***