AUTHORIZATION FORM

Organization Name: Coastside Lutheran Church, 900 Cabrillo Hwy N, Half Moon Bay, CA 94019

Cu	stomer Id #	n/a		D	DATE		
Effective date of authorization:/							
Type of authorization: ☐ New auth☐ Change I		orization					
Las	st Name		First Name	Э			
Address							
City					State	Zip	
Email Address							
Payment Frequency: one-time Recurring (select one)- Weekly Monthly Annual Other Date of one time payment:// Amount: \$ Date of first payment:// Amount of recurring payment: \$							
CHECKING / SAVINGS	Please debit payment from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (staple a voided check below)			Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Routing 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:						
	Please charge my payment to my (c	heck one): 🔲 Visa 🔲 M	lasterCard	☐ American	Express Disc	over Card	
CREDIT/DEBIT CARD	Credit Card Number:			Expiration Date:			
	Name on Card:						
	Billing Address (if different from above):						
	I authorize the above organization to charge my credit card in accordance with the information above.						
	Signature (as it appears on the credit card):				Date:		