# AUTHORIZATION FORM

## Name of the organization: Carmel Mission Basilica

| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|---|---|---|

**Effective date of authorization:** _____/_____/_____

**Type of authorization:**

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |
| Email Address | | |

| DATE OF FIRST DONATION: | FREQUENCY OF DONATION: | FUNDS: | AMOUNTS: |
|---|---|---|---|
| _____/_____/_____ | ❑ Weekly – Mondays<br>❑ Monthly on the 1st<br>❑ Monthly on the 15th | ❑ General/Operating<br>❑ Building<br>❑ Other_____ | $_____<br>$_____<br>$_____ |
| | | **Total from above** | **$**_____ |

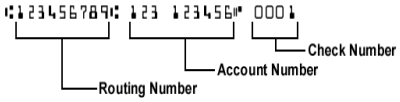
**CHECKING / SAVINGS**

Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ 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): ❑ Visa ❑ MasterCard ❑ American Express ❑ 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.***