



ACH AUTHORIZATION FORM

Name of the organization: **All Souls Community Church of West Michigan**

TODAY'S 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: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-monthly on the 1 st & 15 th <input type="checkbox"/> Weekly (Monday) <input type="checkbox"/> One Time	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
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: _____

I understand that I may cancel or change my ACH donation at any time. I will submit a new ACH to change it. Or, I may send an email to vpfin@allsoulscommunity.org to cancel my donation/pledge (please provide **at least 5-days notice** for us to cancel your ACH withdrawal).

If using a checking account, please attach a voided check at the bottom of this page.