

# AUTHORIZATION FORM

Congregation Chaverim

ES15795

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Type of Authorization: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change credit card information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State      Zip
Email Address		
Date of First Donation : ____/____/____ <span style="margin-left: 50px;">Frequency of Donation:</span> <input type="checkbox"/> One-time only <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>		
<b>Fund designations and amounts:</b>		
<input type="checkbox"/> Membership Dues	\$ _____	<input type="checkbox"/> Karla Ember Memorial Patio
<input type="checkbox"/> School Fees	\$ _____	<input type="checkbox"/> School Security Fund
<input type="checkbox"/> B'nai Mitzvah Fees	\$ _____	<input type="checkbox"/> Yom Kippur Appeal
<input type="checkbox"/> L'chaim General Fund	\$ _____	
<input type="checkbox"/> Cynthia Joy Wool Memorial Dues Assistance Fund	\$ _____	<input type="checkbox"/> Rabbi Aaron's Discretionary Fund
<input type="checkbox"/> Children's Scholarship Fund for Jewish Education	\$ _____	<input type="checkbox"/> Educator's Discretionary Fund
		<input type="checkbox"/> Other _____
		\$ _____
<input type="checkbox"/> <b>Optional :</b> Please help Chaverim even more by paying an additional 2.75% to defray credit card processing fees \$ _____		
<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 Congregation Chaverim 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 CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize Congregation Chaverim to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____	