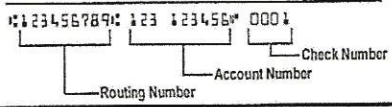


# AUTHORIZATION FORM

## Abington Monthly Meeting

FOR OFFICE USE ONLY		DONOR #	DATE
Effective date of authorization: ____/____/____			
Type of authorization:		<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking information
		<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
Last Name		First Name	
Address			
City		State	Zip
Phone Number			
Email Address			
Date of first donation: ____/____/____	Frequency of Donation (please check one): <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> One time	Amount to Abington Monthly Meeting: \$ _____	
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (staple a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
			Account Number: _____  The diagram shows a check number format: ⑆ 123456789⑆ 123 123456⑆ 0001. Brackets indicate that '123 123456' is the Routing Number, '123456' is the Account Number, and '0001' is the Check 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: _____

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