

AUTHORIZATION FORM

The Cross Ministry Group: P. O. Box 11084, Denver, Co 80211 – 303-725-7132

FOR OFFICE USE ONLY	CUSTOMER #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State Zip
Email Address		
MONTHLY DONATION:		
Date for Monthly Donation--(please check one): <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other _____		
Date of first payment: ____/____/____ Amount of Monthly Donation: \$ _____		
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 (staple a voided check below)	
	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 ⑆ └──────────┘ └──────────┘ └──────────┘ Routing Number Account Number Check Number </small>	
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.