

AUTHORIZATION FORM

FOR OFFICE USE ONLY			DONOR #					DATE			
			horization					S			
Las	t Name	First Name									
Address											
City								State	Zip		
Email Address											
Date of first donation:		Frequency of donation: (please check one Monthly on the 1st Monthly on the 15th Bi-Weekly (every other week) One Time			one)	sub \$25 Bud \$50 Bud (yo	subscription \$ \$25 Level. Choose Sun or Buddhadharma \$				
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: Check Number Routing Number					
СНЕСКІ	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:				
	Card Brand (check one):	☐ Vis	sa 🔲 MasterCard		☐ Americ	can Expres	3		Discover Card	d	
CREDIT / DEBIT CARD	Card Number:					Expira	tion D	Date:			
	Name on Card:					1					
	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):							Dat	e:	