

AUTHORIZATION FORM

Name of the organization: **First Parish in Waltham: Waltham Buddhist Meditation Group**

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE	
Effective date of authorization: ____/____/____					
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <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: Monthly on the 10 th		FUND: General/Operating AMOUNT: \$_____	
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: _____					

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

Please place this form in an envelope with a voided check if needed and either give it to one of the coordinators of the Waltham Buddhist Meditation Group or mail it to:

First Parish in Waltham
 50 Church Street
 Waltham, MA 02452-5506

Attn: Assistant Treasurer