

AUTHORIZATION FORM

Organization Name: All Nations Family ES19501

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 PAYMENT: Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other ____ Date of first payment: ____/____/____ Amount of monthly payment: \$ ____ Preferred for Liam and Rachel Byrnes		
CHECKING / SAVINGS	Please debit payment 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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> * 23456789 * 123 23456 * 000 * 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: _____	
CREDIT CARD	Please charge my payment 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 the above organization to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

If using a checking account, please attach a voided check over the credit card section.