



# AUTHORIZATION FORM

**Pilgrims of Ibillin**

www.pilgrimsofibilin.org

Mail completed form to:

Pilgrims of Ibillin, c/o Davidson College Presbyterian Church

PO Box 337 100 N. Main Street Davidson NC 28036

Or print, fill in, and email scanned copy to: Essrea Cherin, [essrea@pilgrimsofibilin.org](mailto:essrea@pilgrimsofibilin.org)

Questions? Call +1-303-928-0923

FOR OFFICE USE ONLY	DONOR #	DATE
<b>Effective date of authorization:</b> ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>Date of first donation:</b> ____/____/____	<b>Frequency of donation:</b> (please check one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> One Time	<b>Amount of first donation:</b> \$ ____
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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____