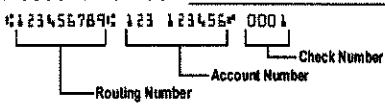


AUTHORIZATION FORM

Organization Name: CROSSROADS BAPTIST CHURCH, THE WOODLANDS, TEXAS

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 _____						
Date of first payment: ___/___/___ Amount of monthly payment: \$ _____						
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>⑆123456789⑆ 123 123456⑆ 0001</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.