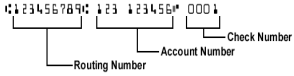


AUTHORIZATION FORM

Presbyterian Campus Ministry, Inc.
2417 West End Avenue
Nashville, TN 37240

ES15661

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	
<input type="checkbox"/> Change donation date		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Please debit my donation from my (check one):		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
<input type="checkbox"/> Checking Account (attach a voided check below)		Account Number: _____
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		 <small>Routing Number Account Number Check Number</small>
DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Semi-monthly on the 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	DESIGNATED AMOUNT: <input type="checkbox"/> General/Operating \$ _____
AGREEMENT I authorize Presbyterian Campus Ministry 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: _____		

Please attach voided check here.