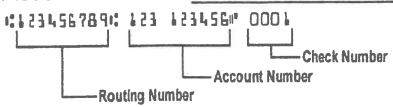


AUTHORIZATION FORM

Organization Name: _____

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: \$ _____		
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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  <p style="font-size: small; margin: 0;"> ⑆ 23456789 ⑆ 23 23456 000 ⑆ └─── Routing Number └─── Account Number └─── Check Number </p>
	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 to the bottom of this page.

NEW LIFE SOLUTION, INC.
CREDIT CARD DONATION FORM
Donor Information

NAME OF CARD
HOLDER _____

CARD # _____

CARD TYPE _____

EXP DATE _____

ZIP CODE _____

AMOUNT _____

APPEAL _____

ADDRESS # _____

CVV Code: _____