

# GUNPOWDER FRIENDS MEETING

## AUTHORIZATION FORM – MONTHLY PAYMENT WITHDRAWAL

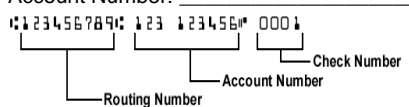
Name of the organization: Gunpowder Friends Meeting

Mail to:           Treasurer  
                     Post Office Box 737  
                     Sparks, MD 21152-0737

For more information email: [gfm1821treas@gmail.com](mailto:gfm1821treas@gmail.com)

Or call: 410-472-4583

If new authorization please provide copy of voided check and attach below.

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
<p>Effective date of authorization: ____/____/____</p> <p>Type of authorization:   <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</p>		
Last Name		First Name
Address		
City		State                   Zip
Email Address		
		Amount of donation (new or revised): \$ _____
<b>CHECKING / SAVINGS</b>	<p>Please debit my donation from my:</p> <p>X   Checking Account (attach a voided check below)</p>	<p>Routing Number: _____</p> <p><b>Valid Routing # must start with 0, 1, 2, or 3</b></p> <p>Account Number: _____</p> <p style="font-size: small;">              ⑆ 23456789 ⑆ 123 ⑆ 23456⑆ 000 ⑆            Routing Number                   Account Number                   Check Number         </p>
	<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.</p> <p>Authorized Signature: _____ Date: _____</p>	