

# NOMOAG AUTHORIZATION FORM for Electronic Contributions

NORTHERN MISSOURI DISTRICT COUNCIL A/G (non-profit, 501c3) admin@nomoag.org  
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|  |   |  |
|--|---|--|
| Effective date of authorization: _____ |   |  |
| Type of Authorization:                 | <input type="checkbox"/> New Authorization      | <input type="checkbox"/> Change credit card 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  |

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Church Home: \_\_\_\_\_

|                                |                                 |   |
|--------------------------------|---------------------------------|---|
| <b>DATE OF FIRST DONATION:</b> | <b>DONATION /PAYMENT AMOUNT</b> | <b>FREQUENCY OF DONATION:</b>                         |
| ____/____/____                 | \$ _____                        | <input type="checkbox"/> Weekly                       |
|                                |                                 | <input type="checkbox"/> Monthly on the 1st           |
|                                |                                 | <input type="checkbox"/> Monthly (day of month) _____ |
|                                |                                 | <input type="checkbox"/> One time gift                |

**EXPLANATION of Contribution:** \_\_\_\_\_

I authorize the Northern Missouri District Council to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) and/or to charge my credit/debit card in accordance with the information provided below. I understand that this authority will remain in effect until I provide reasonable notification to terminate this authorization.

## ACH DEBIT

Checking

Savings

Acct # \_\_\_\_\_ Routing # \_\_\_\_\_ Bank Name \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|  |                     |
|--|---------------------|
| <b>CREDIT OR DEBIT CARD (If not using ACH Debit)</b>   |                     |
| Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover |                     |
| Credit Card Number:  | Expiration Date:    |
| Name on Card:  | Card Security Code: |
| Billing Address (if different from above):   |                     |
| This card is: <input type="checkbox"/> Personal Card <input type="checkbox"/> Business Card (e.g. a church credit card)                  |                     |
| <b>PLEASE FAX OR EMAIL THIS FORM TO THE NUMBER OR ADDRESS ABOVE. THANK YOU.</b>  |                     |