AUTHORIZATION FORM

Name of the organization: First English Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: ____/____/____

Type of authorization:
- ☐ New authorization
- ☐ Change donation amount
- ☐ Change donation date
- ☐ Change banking information
- ☐ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS:	AMOUNTS:
____/____/____	☐ Weekly – Mondays ☐ Semi-Monthly – 1st and 15th ☐ Monthly on the 1st ☐ Monthly on the 15th	☐ General/Operating ☐ _____	$_____ $_____ $_____ Total $_____

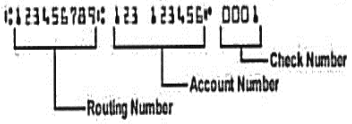
CHECKING / SAVINGS

Please debit my donation from my (check one):

- ☐ Savings Account (contact your financial institution for Routing #)
- ☐ Checking Account (attach a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



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 at the bottom of this page.

- Form must be turned in at least 5 business days before first contribution
- A new form needs to be fill out in change the withdraw amount