

ELECTRONIC GIVING AUTHORIZATION FORM

Name of the organization: Mindoro Lutheran Lewis Valley Lutheran

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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:

- Weekly – Mondays
- Weekly -- Fridays
- Monthly on the 1st
- Monthly on the 15th
- Semi-Monthly on the 1st and 15th

FUNDS:

- | | |
|---------------------------------------|----------|
| <input type="checkbox"/> General | \$ _____ |
| <input type="checkbox"/> Building | \$ _____ |
| <input type="checkbox"/> Other: _____ | \$ _____ |
| _____ | |
| TOTAL | \$ _____ |

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: _____

Your Name _____ 1035
 Your Address _____ DATE _____

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

Your Bank Name _____

MEMO _____

⑆ 123456789 ⑆ 987654321 ⑆ 1035⑆

Routing Number
Account Number
Check 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.