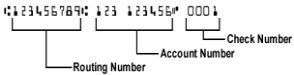


AUTHORIZATION FORM

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Holy Trinity Lutheran Church		504742241
Effective date of authorization: ____/____/____		
Type of Authorization Form: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date </div> <div> <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation </div> </div>		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; margin-top: 5px;">  </div>
FIRST DONATION DATE: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	FUNDS AND AMOUNTS: <div style="margin-top: 5px;"> <input type="checkbox"/> General Fund \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Building Fund \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Memorial Fund \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Endowment Fund \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Education \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other _____ \$ _____ </div> <div style="text-align: right; margin-top: 10px;"> Total \$ _____ </div>
AGREEMENT I authorize the above church 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: _____		

Please attach voided check here.