

AUTOMATIC WITHDRAWAL OF FUNDS BANK AUTHORIZATION FORM

FELLOWSHIP OF FAITH LUTHERAN CHURCH
6120 Mason Hill Rd. McHenry, IL 60050 815-759-0739
sbodinus@fellowshipoffaith.org

Type of authorization:		<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Name/Address Change
		<input type="checkbox"/> Change banking information (attach a new voided check or savings deposit slip)	<input type="checkbox"/> Discontinue electronic donation	ENVELOPE/DONOR # _____
Last Name		First Name		
Address				
City			State	Zip
Email Address		Phone		
Date of first donation: ____/____/____	Frequency of donation: (please check one)		Church Fund	Amount
	<input type="checkbox"/> Weekly- specify day _____		General Offering	\$ _____
	<input type="checkbox"/> Monthly- specify day _____		Other (specify _____)	\$ _____
	<input type="checkbox"/> One Time Gift		Total	\$ _____
	<input type="checkbox"/> Other- specify date(s) _____			
CHECKING / SAVINGS	Please debit my donation from my (check one):		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3	
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____	
	<input type="checkbox"/> Checking Account (attach a voided check below)			
Bank Name _____				
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: _____				

Please attach a voided check or savings deposit slip here.