(6/2018)

AUTHORIZATION FORM

Name of the organization: CALVARY EV. LUTHERAN CHURCH

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE		
		New authorization		ange donation amount				
Last Name					First Name			
Address								
City	1				State		Zip	
DATE OF FIRST DONATION:		FREQUENCY OF DONATION: Monthly on the 1 st Monthly on the 15 th		FUNDS: General/Operating Building Benevolence	\$			
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) I authorize the above organization to process debit entries to my account reasonable notification to terminate the authorization.				Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1:1234.56?89: 123 1234.55# 0001 Check Number Account Number Understand that this authority will remain in effect until I provide			
Ö	Authorized Signature: Date:							

If using a checking account, please attach a copy of a voided check at the bottom of this page.