

Authorization Agreement for Automatic Withdrawal of Funds

Fellowship of Faith Lutheran Church
6120 Mason Hill Rd.
McHenry, IL 60050
(815) 759-0739
treasurer@fellowshipoffaith.org

- | | |
|---|--|
| <input type="checkbox"/> Name/Address Change | <input type="checkbox"/> Change Contribution Information |
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Discontinue Automatic Withdrawal of Funds |
| <input type="checkbox"/> Change Financial Institution Information
<i>(attach a new voided check or savings deposit slip)</i> | |

Name (please print) _____ Envelope # _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

- Please debit my contributions from my (check one):
- | |
|--|
| <input type="checkbox"/> Checking Account (attach voided check) |
| <input type="checkbox"/> Savings Account (attach savings deposit slip) |

Bank Name: _____

Routing Number: _____ Account Number: _____

Located at bottom of check between the symbols |: |:

Regular Contributions

Church Fund

Dollar Amount

General Offering

\$ _____

Other (List _____)

\$ _____

Total

\$ _____

Date of First Contribution ____/____/____

Frequency (please check one):

Weekly - specify day _____

Monthly - specify date _____

One Time Gift

Other - specify date(s) _____

I authorize Fellowship of Faith Lutheran Church to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the above information, I will submit a new form to Fellowship of Faith Lutheran Church within a reasonable length of time. I have attached a voided check or savings deposit slip below.

Signature: _____ Date: _____

Please attach a voided check or savings deposit slip here.