

Salem Lutheran Church

Authorization Form for Electronic Fund Transfer

Name _____

Address _____

City _____ State _____ Zip _____

Email: _____

Envelope # _____ Phone # _____

New Authorization

Change Date

Change authorized amount

STOP electronic donation

Change bank account information

Donation Amount:

\$ _____ Starting date of transfer _____

(Must be 1st or 16th)

Frequency of donation:(please check one)

Monthly A (will be transferred the 1st of each month)

Monthly B (will be transferred the 15th of each month)

Semi-Weekly (will be transferred the 1st and 15th of each month)

ACCOUNT TYPE:

Checking (attach a voided check)

Savings (attach a savings deposit slip)

Routing Number: _____

Account Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Billing Address (if different from above) _____

I authorize Salem Lutheran Church to process debit entries to my account. I have attached a **voided check** or **savings deposit** slip. I understand that this authority will remain in effect until I provide reasonable notification to terminate or change this authorization.

Authorized Signature _____ **Date:** _____

Please: Attach a voided check or savings deposit slip. Be sure to sign this form.

RETURN to: Salem Lutheran Church Attn: Janet Sell