

Salem Lutheran Church
Authorization Form for Electronic Fund Transfer

Name _____

Address _____

City _____ State _____ Zip _____

Email: _____

Envelope # _____ Phone # _____

- | | |
|--|---|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change Date |
| <input type="checkbox"/> Change authorized amount | <input type="checkbox"/> STOP electronic donation |
| <input type="checkbox"/> 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: Finance Secretary