

**ELECTRONIC GIVING  
AUTHORIZATION FORM**

I (we) hereby authorize Friedens Lutheran Church, to initiate debit entries to my (our)  **Checking**  **Savings** account (select one) indicated below at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**YOUR FINANCIAL INSTITUTION**

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authorization is to remain in full force and effect until Friedens Lutheran Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Friedens Lutheran Church and YOUR FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAMES(S) \_\_\_\_\_ Email \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

Mark below how you would like your donation divided by amount:

	\$ _____	CURRENT FUND
Deposit: _____ Weekly _____ Monthly	\$ _____	BENEVOLENCE FUND
<b>All transfers will be drafted on Monday. If you elect Monthly, it will be the first Monday of the Month.</b>	\$ _____	MAINTENANCE FUND
	\$ _____	COMMUNITY MINISTRY FUND

**\*\*Envelopes for special offerings such as world hunger, food pantry, etc will still be available.**

**CHECK ONE:**

I am not currently participating in the Electronic Giving Program.

**ADD** – Debit my donation to the account shown.\*

I am currently participating in the Electronic Giving Program

**CHANGE** – Change Financial Institutions and/or account number.\*

**CANCEL** – Stop my participation in the program.

TAPE YOUR VOIDED CHECK HERE

**\*\*\*You may cancel this service at any time, however donation amounts may only be updated quarterly at the Church Office\*\*\***