AUTHORIZATION FORM

Name of the organization: First Lutheran Church

Little Falls, MN 56345

FO	R OFFICE USE ONLY	ENVELOPE/DONOR #	ENVELOPE/DONOR #			DATE	
				nange donation amount			
Las	t Name	EXPENSIONENCIA (MARCO CENTRA) (ESTE CONTRA) (MARCO MARCO CENTRA) (MARCO CENTRA) (First Nar	First Name			
Address							
City						Zip	
Email Address							
Date of first donation: // Date of last donation (optional)://		Frequency of donation: (please check Monthly on the 1st Monthly on the 15th Bi-Weekly (every other week) One Time	Monthly on the 15 th Bi-Weekly (every other week)		Amount of first donation: \$ Amount of last donation (optional): \$		
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)		Acco	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1212345678912 123 123456# 000 1 Check Number —Routing Number			
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: Date:						

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