



# ARNDT'S LUTHERAN CHURCH

## Electronic Contribution Authorization Form

Customer ID/Envelope #		DATE:									
Effective date of authorization:											
<b>Type of authorization:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">New authorization</td> <td style="width: 25%; border: none;">Change payment amount</td> <td colspan="2" style="width: 50%; border: none;">Change payment date</td> </tr> <tr> <td style="border: none;">Change banking information</td> <td colspan="3" style="border: none;">Discontinue electronic payment</td> </tr> </table>				New authorization	Change payment amount	Change payment date		Change banking information	Discontinue electronic payment		
New authorization	Change payment amount	Change payment date									
Change banking information	Discontinue electronic payment										
Last Name		First Name									
Address											
City		State	Zip								
Email Address											
<b>DATE OF FIRST DONATION:</b>		<b>FREQUENCY OF DONATION:</b>									
		Weekly - Mondays									
		Monthly on the 1st									
		Monthly on the 15th									
		Yearly									
		<b>FUNDS:</b> Current Expenses      \$ Benevolence            \$ Total: \$									
<b>DATE OF FIRST DONATION:</b>		<b>AMOUNTS:</b>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                     Please debit payment from my (check one)                       Savings Account (contact your financial institution for Routing #)                       Checking Account (staple a voided check below)   <b>If using a checking account, please attach a voided check over the credit card section</b> </td> <td style="width: 50%; border: none;"> <b>Routing Number:</b>  <i>Valid Routing # must start with 0, 1, 2, or 3</i>   <b>Account Number:</b>  </td> </tr> </table>				Please debit payment from my (check one)  Savings Account (contact your financial institution for Routing #)  Checking Account (staple a voided check below)  <b>If using a checking account, please attach a voided check over the credit card section</b>	<b>Routing Number:</b> <i>Valid Routing # must start with 0, 1, 2, or 3</i>  <b>Account Number:</b> 						
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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:									
Please charge my payment to my (choose one):      Visa      MasterCard      American Express      Discover Card											
Credit Card Number:		Expiration Date:									
Name on Card:											
Billing Address (if different from above):											
I authorize the above organization to charge my credit card in accordance with the information above.											
Signature (as it appears on the credit card):		Date:									

**PLEASE RETURN THIS COMPLETED FORM TO THE SECRETARY AT ARNDT'S LUTHERAN CHURCH**