

ARNDT'S LUTHERAN CHURCH

Electronic Contribution Authorization Form

Cust	Customer ID/Envelope #					DATE:			
Effective date of authorization:									
Type of authorization: New authorization Change banking information 									
Last Name				First Name					
Address									
City				S		State Zip			
Email Address									
DATE OF FIRST DONATION:		FREQUENCY OF DONATION: Weekly - Mondays Monthly on the 1 st Monthly on the 15 th Yearly		FU	□ Current Expenses \$		AMOUNT \$ \$ \$		
CHECKING / SAVINGS	 Please debit payment from my (check one) Savings Account (contact your financial institution for Routin Checking Account (staple a voided check below) If using a checking account, please attach a voided check over card section I authorize the above organization to process debit entries to my accuntil I provide reasonable notification to terminate the authorization. 			er the cr	Account Number:				
	Authorized Signature Date:								
CREDIT / DEBIT CARD	Please charge my payment to my <i>(check one):</i>		⊐ Visa		terCard		Express	□ Discover Card	
	Name on Card:								
	Billing Address (if different from above):								
CRI	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