Automatic withdrawal of funds

Bank Authorization Form

**FELLOWSHIP OF FAITH LUTHERAN CHURCH**

**6120 Mason Hill Rd. McHenry, IL 60050 815.759.0739**

**sbodinus@fellowshipoffaith.org**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |
| **Type of authorization:** | | * New authorization | | * Change donation amount | | | | | * Name/Address Change | | |
|  | | * Change banking information   (attach a new voided check or savings deposit slip) | | * Discontinue electronic donation | | | | | **ENVELOPE/DONOR #\_\_\_\_\_\_\_\_\_** | | |
| Last Name | | | | | First Name | | | | | | |
| Address | | | | | | | | | | | |
| City | | | | | | | | State | | Zip | |
| Email Address Phone | | | | | | | | | | | |
| **Date of first donation:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | **Frequency of donation:** (please check one)   * Weekly- specify day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Monthly- specify day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * One Time Gift * Other- specify date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Church Fund**  **General Offering**  **Mission 247**    **Total** | | | | **Amount**  **$ \_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_**  **$ \_\_\_\_\_\_\_\_\_** |
| **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)   Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Valid Routing # must start with 0, 1, 2, or 3*Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ chk_inf1 | | | | | |
| 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 attach a voided check or savings deposit slip here.***

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