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**

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|  |
| **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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