

AUTHORIZATION FORM

Electronic Funds Transfer(EFT) - Automatic Donation

endorsed by
Thrivent Financial Bank

FOR OFFICE USE ONLY	CLASS	DATE																								
Faith Lutheran Church and Preschool																										
Effective Date of Authorization: ____/____/____		Offering Envelope Number: _____																								
Type of Authorization:	<input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation																									
Last Name		First Name																								
Address																										
City	State	Zip																								
Email Address		Phone Number																								
Please debit my donation/offering from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (attach a deposit slip below or contact your financial institution for routing number)		Routing Number: _____ (nine digits starting with 0, 1, 2, or 3) Account Number: _____ <small>0123456789 0123 1234567 0001 Routing Number Account Number Check Number</small>																								
FIRST DONATION DATE: ____/____/____ Please choose a start date that corresponds to the frequency of donation	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Semi-Monthly on 1 st and 15 th of each month <input type="checkbox"/> One-Time ONLY on the "First Donation Date"	FUNDS AND AMOUNTS: <table><tr><td><input type="checkbox"/> General/Operating</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Preschool Scholarships</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Christian Education Scholarship</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Scholarship Endowment</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Missions _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Missions _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Special Offering _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Designated Fund _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Preschool Donation _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr><tr><td><u>Student Name</u></td><td>Total \$ _____</td></tr></table>	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Preschool Scholarships	\$ _____	<input type="checkbox"/> Christian Education Scholarship	\$ _____	<input type="checkbox"/> Scholarship Endowment	\$ _____	<input type="checkbox"/> Missions _____	\$ _____	<input type="checkbox"/> Missions _____	\$ _____	<input type="checkbox"/> Special Offering _____	\$ _____	<input type="checkbox"/> Designated Fund _____	\$ _____	<input type="checkbox"/> Preschool Donation _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<u>Student Name</u>	Total \$ _____
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<input type="checkbox"/> _____	\$ _____																									
<input type="checkbox"/> _____	\$ _____																									
<u>Student Name</u>	Total \$ _____																									
AGREEMENT I authorize Faith Lutheran Church (FLC) to process debit entries to my account. I will be responsible for any and all charges incurred by FLC or by my financial institution to handle EFT/ACH exceptions. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____																										

Please attach voided check here.
(For INITIAL Authorization or CHANGE)