



# Emanuel

Lutheran Church

## ELECTRONIC GIVING AUTHORIZATION FORM

Please attach a voided check

NAME: _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
PHONE: _____	
EMAIL: _____	
ENVELOPE #: _____ (if you know your number)	<input type="checkbox"/> Yes I still need envelopes for special giving <input type="checkbox"/> No I do not need envelopes
EFFECTIVE DATE OF AUTHORIZATION: _____	
TYPE OF AUTHORIZATION:	<input type="checkbox"/> New authorization <input type="checkbox"/> Change in banking / donation date / amount <input type="checkbox"/> Discontinue electronic donation
DATE OF FIRST DONATION: _____	
FREQUENCY OF DONATION:	<input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Semi-Monthly (1st and 15th)
AMOUNT PER FUND:	
\$ _____	<input type="checkbox"/> General Operating/Expenses/Salaries
\$ _____	<input type="checkbox"/> Missions (toward the SD District)
\$ _____	<input type="checkbox"/> Building Fund
\$ _____	<input type="checkbox"/> Special Mission of the Month (voted on)

I authorize Emanuel Lutheran Church 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

