

Electronic Giving Authorization Form

Emmanuel Lutheran Church
New Philadelphia, OH 44663



“We are rich only through what we give: and poor only through what we refuse and keep.”

Anne Swetchine (1782-1857), Russian-French writer

<i>For Office Use Only:</i>	Envelope/Donor #	Date
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Effective date of authorization: ____/____/____

Type of authorization: New authorization Change donation amount Change donation date
 Change banking information Discontinue electronic donation

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

<u>Date of First Donation:</u>	<u>Frequency of Donation:</u>	<u>Funds:</u>	<u>Amounts:</u>
____/____/____	<input type="checkbox"/> Weekly on Mondays	<input type="checkbox"/> General	\$ _____
	<input type="checkbox"/> Monthly on the 1 st	<input type="checkbox"/> Synod Benevolences	\$ _____
	<input type="checkbox"/> Monthly on the 15 th	<input type="checkbox"/> Property	\$ _____
		<input type="checkbox"/> Other	\$ _____
		Total:	_____

Please debit my donation from: (check only one)

- Savings Account
(Contact your financial institution for routing #)
- Checking Account
(ATTACH A **VOIDED CHECK** TO THIS PAGE)

Routing #: _____

Valid Routing # must start with 0, 1, 2, or 3

Account #: _____

⌋32228⌋6⌋7	⌋000⌋23456789	⌋⌋0⌋
Routing Number	Account Number	Check Number

I authorize Emmanuel 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: _____