

## Authorization Agreement for Automatic Withdrawal of Funds

Fellowship of Faith Lutheran Church  
6120 Mason Hill Rd.  
McHenry, IL 60050  
(815) 759-0739  
treasurer@fellowshipoffaith.org

<input type="checkbox"/> Name/Address Change	<input type="checkbox"/> Change Contribution Information	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Discontinue Automatic Withdrawal of Funds	
<input type="checkbox"/> Change Financial Institution Information <i>(attach a new voided check or savings deposit slip)</i>		
Name (please print) _____ Envelope # _____		
Address _____		
City _____ State _____ Zip _____ Phone _____		
Email _____		
Please debit my contributions from my (check one):		
<input type="checkbox"/> Checking Account (attach voided check)		
<input type="checkbox"/> Savings Account (attach savings deposit slip)		
Bank Name: _____		
Routing Number: _____ Account Number: _____		
Located at bottom of check between the symbols  :  :		
<b>Regular Contributions</b>		
<u>Church Fund</u>	<u>Dollar Amount</u>	Date of First Contribution ____/____/____
General Offering	\$ _____	<u>Frequency</u> (please check one):
Other (List _____)	\$ _____	<input type="checkbox"/> Weekly - specify day _____
<b>Total</b>	<b>\$ _____</b>	<input type="checkbox"/> Monthly - specify date _____
		<input type="checkbox"/> One Time Gift
		<input type="checkbox"/> Other - specify date(s) _____
<p>I authorize Fellowship of Faith Lutheran Church to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the above information, I will submit a new form to Fellowship of Faith Lutheran Church within a reasonable length of time. I have attached a voided check or savings deposit slip below.</p>		
Signature: _____ Date: _____		

**Please attach a voided check or savings deposit slip here.**