



# BANK AUTHORIZATION FORM FOR *AUTOMATIC WITHDRAWAL OF FUNDS*

## FELLOWSHIP OF FAITH LUTHERAN CHURCH

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|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>Type of authorization:</b>   |   |  | <input type="checkbox"/> New authorization   | <input type="checkbox"/> Change donation amount          | <input type="checkbox"/> Name/Address Change |
|   |   |  | <input type="checkbox"/> Change banking information<br>(attach a new voided check or savings deposit slip) | <input type="checkbox"/> Discontinue electronic donation |  |
|   |   |  |  |  | <b>ENVELOPE/DONOR #</b> _____                |
| Last Name   |   |  | First Name   |  |  |
| Address   |   |  |  |  |  |
| City  |   |  |  | State  | Zip  |
| Email Address   |   |  | Phone  |  |  |
| <b>Date of first donation:</b><br>____/____/____  |   | <b>Frequency of donation:</b> (please check one)       |  | <b>Church Fund</b>                                       |  |
|   |   | <input type="checkbox"/> Weekly - specify day _____    |  | <b>General Offering</b> \$ _____                         |  |
|   |   | <input type="checkbox"/> Monthly - specify day _____   |  | <b>Other (specify _____)</b> \$ _____                    |  |
|   |   | <input type="checkbox"/> One Time Gift                 |  |  |  |
|   |   | <input type="checkbox"/> Other - specify date(s) _____ |  | <b>Total \$</b> _____                                    |  |
| <b>CHECKING / SAVINGS</b>   | Please debit my donation from my (check one):   |  |  | Routing Number: _____                                    |  |
|   | <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) |  |  | <b>Valid Routing # must start with 0, 1, 2, or 3</b>     |  |
|   | <input type="checkbox"/> Checking Account (attach a voided check below)                     |  |  | Account Number: _____                                    |  |
| Bank Name _____   |   |  | <p>⑆ 23456789⑆ 23 23456⑆ 000⑆</p> <p>Routing Number      Account Number      Check Number</p>              |  |  |
| 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.**