

AUTHORIZATION FORM

Church name: Holy Trinity Lutheran Church

Your name:

Address:

City, State, Zip:

Email address:

I would like to make the following contribution(s):

Offering \$ _____

Date of first contribution: __/__/__

Frequency of contribution (check one):

- Weekly – Mondays
 Monthly on the 1st
 Monthly on the 15th

CHECKING / SAVINGS *Complete this section if using your checking or savings account*

Please debit my (check one):

Checking account—attach voided check Savings account—attach voided deposit slip

Routing #:

Account #:

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

I authorize Holy Trinity Lutheran Church to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: / /