

DIRECT CONTRIBUTION AUTHORIZATION FORM

If you would like to have your contributions deducted directly from your checking or savings account, please complete the information below and **return to the church office by the 20th of the month to begin automatic contributions the following month.** You may change or discontinue your deductions at any time by contacting the church office (939-6480).

\$_____ Weekly contributions will be deducted on Tuesday each week.

\$_____ Monthly contributions will be deducted on the 5th of each month.

_____ I/We authorize Immanuel Lutheran Church to initiate electronic debit entries to my _____ checking (or) _____ savings account for payment of my contribution(s) beginning on (date) _____. *(If from checking account, please attach a voided check.)*

YOUR NAME(S) (please print clearly) _____

TODAY'S DATE _____

YOUR ADDRESS _____

CITY, STATE, ZIP _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

FINANCIAL INSTITUTION CITY AND STATE _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

_____ PLEASE CONTINUE TO SEND MY ENVELOPES.

_____ PLEASE DISCONTINUE SENDING ENVELOPES.

SIGNATURE _____

PHONE NUMBER _____

I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U. S. law.

THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I HAVE CANCELLED IT IN WRITING.

Call the church office with any questions (939-6480).