AUTHORIZATION FORM

Name of the organization: NORTH HEIGHTS LUTHERAN CHURCH

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE		
Effective date of authorization:/ Type of authorization: New auth Change						Change donation date		
Last Name					First Name			
Address								
City						State		Zip
Email Address								
DAT	E OF FIRST DONATION:	 FREQUENCY OF DONATION: Weekly – Mondays Semi-Monthly – 1st and 15th Monthly on the 1st Monthly on the 15th 		FUNDS: General/Operating Repairs & Maintenance Missions Total		AMOUNTS: \$ \$ \$ \$		
CHECKING / SAVINGS	 Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below) 			1#)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: I:123456789I: 123 123456I* 000 1 Check Number Routing Number			
CHECKI	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:							

If using a checking account, please attach a voided check at the bottom of this page.