ACH AUTHORIZATION FORM

TRINITY LUTHERAN CHURCH

FOI	R OFFICE USE ONLY	ENVELOPE/DONOR #		DATE	
		thorization \Box C	Change donation amount Discontinue electronic donati	on	Change donation date
Last Name			First Name		
Address					
City	,			State	Zip
Email Address					
		PUENCY OF DONATION: Veekly – Mondays Monthly on the 1 st Monthly on the 15 th	FUNDS: ☐ General/Operating ☐ Other		\$\$ \$
ING /SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1.1234557891. 123 1234558* 000 1 Check Number Check N		
CHECKING	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.