

Authorization Agreement for Automatic Withdrawals (ACH Debits)  
by FAITH LUTHERAN CHURCH

I (we) hereby authorize FAITH LUTHERAN CHURCH, hereinafter called FLC, to initiate debit entries from my (our)  **Checking Account** /  **Savings Account (select one)** indicated below at the FINANCIAL INSTITUTION named below, and to debit the same from such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION (your bank)

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Account  
Number \_\_\_\_\_ Number \_\_\_\_\_

Debits will only be made either **ONCE** – on the first regular banking day after the 1st Sunday or on the first regular banking day after the 3<sup>rd</sup> Sunday **OR TWICE** – on the first regular banking day after the 1<sup>st</sup> Sunday **AND** on the first regular banking day after the 3<sup>rd</sup> Sunday. Please indicate your choice: **Start Date** \_\_\_\_\_

\_\_\_\_\_ once a month      \$ \_\_\_\_\_ amount      \_\_\_\_\_ begin-month **or** \_\_\_\_\_ mid-month

\_\_\_\_\_ twice a month      \$ \_\_\_\_\_ amount each time

***If you want your contribution, or any part of it, to go to an account other than the General Fund, please indicate that here \_\_\_\_\_.***

This authorization is to remain in full force and effect until FLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FLC and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ Faith Envelope Number \_\_\_\_\_  
(please print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

**Please attach a voided check or savings account deposit slip to this signed form. If you want your savings account used, please verify the routing number with your banking institution, as some banks use a different routing numbers for checking and savings accounts.**

When your form has been processed you will receive an acknowledgement from Cybil Cole.

\_\_\_\_\_  
Form received at FLC by

\_\_\_\_\_  
Date