



NAME: _____

ADDRESS: _____

PHONE: _____

I authorize Our Savior's Lutheran Church to initiate electronic debit entries to my

Checking Account

Savings Account

for my church contribution. I agree to contribute the amount listed below on the date(s) I have selected. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

For Checking and Saving Accounts (choose a date and write an amount):

5th of the Month: \$ _____

20th of the Month: \$ _____

5th **and** 20th of the Month: \$ _____

Name on Account (Please Print)

Date

Financial Institution Name

Financial Institution City and State

Account Number at Financial Institution

Routing Number of Financial Institution

Signature (Must Be an Authorized Signer)

*Please return this form **with a voided check** to Our Savior's. You will receive a note from Our Savior's when your requested donation amount is set up for processing.*