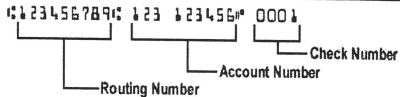


# AUTHORIZATION FORM

Name of the organization: **Our Savior Lutheran Church – Manchester, Iowa**

|   |   |  |            |  |     |
|---|---|--|------------|--|-----|
| FOR OFFICE USE ONLY   |   | ENVELOPE/DONOR #   |            | DATE   |     |
| Effective date of authorization: ____/____/____   |   |  |            |  |     |
| Type of authorization:  |   |  |            |  |     |
| <input type="checkbox"/> New authorization  |   | <input type="checkbox"/> Change donation amount                              |            | <input type="checkbox"/> Change donation date        |     |
| <input type="checkbox"/> Change banking information   |   | <input type="checkbox"/> Discontinue electronic donation                     |            |  |     |
| Last Name   |   |  | First Name |  |     |
| Address   |   |  |            |  |     |
| City  |   |  |            | State  | Zip |
| Email Address   |   |  |            |  |     |
| DATE OF FIRST DONATION:<br>____/____/____   |   | FREQUENCY OF DONATION:   |            | FUNDS:   |     |
|   |   | <input type="checkbox"/> Weekly – Mondays                                    |            | <input type="checkbox"/> General/Operating           |     |
|   |   | <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> |            | <input type="checkbox"/> Building                    |     |
|   |   | <input type="checkbox"/> Monthly on the 1 <sup>st</sup>                      |            | <input type="checkbox"/> _____                       |     |
|   |   | <input type="checkbox"/> Monthly on the 15 <sup>th</sup>                     |            |  |     |
|   |   |  |            | AMOUNTS:   |     |
|   |   |  |            | \$ _____   |     |
|   |   |  |            | \$ _____   |     |
|   |   |  |            | \$ _____   |     |
|   |   |  |            | Total \$ _____                                       |     |
| CHECKING / SAVINGS  | Please debit my donation from my (check one):   |  |            | Routing Number: _____                                |     |
|   | <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) |  |            | <b>Valid Routing # must start with 0, 1, 2, or 3</b> |     |
|   | <input type="checkbox"/> Checking Account (attach a voided check below)                     |  |            | Account Number: _____                                |     |
|   |   |  |            |  |     |
| 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: _____ Date: _____   |   |  |            |  |     |

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