ELECTRONIC GIVING AUTHORIZATION FORM

Remit to: St. Peter's Lutheran Church

Financial Administrator
418 Sumner Street E.
Northfield, MN 55057

Name of the organization: St. Peter's Lutheran Church, Northfield MN

FOR OFFICE USE ONLY >>>>	**ENVELOPE/DONOR #**	**DATE**

Effective date of authorization: _____/_____/_____

Type of authorization:

❑ New authorization ❑ Change donation amount ❑ Change donation date
❑ Change banking information ❑ Discontinue electronic donation

Last Name	First Name

Address

City	State	Zip

Email Address

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

❑ Weekly – Mondays
❑ Semi-Monthly – 1st and 15th
❑ Monthly on the 1st
❑ Monthly on the 15th

FUNDS: **AMOUNTS:**

❑ General/Operating $_____
❑ Building $_____
❑ _____ $_____

                   Total $_____

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)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑉123456789⑉ 123 123456⑈ 0001
— Check Number
— Account Number
— Routing 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 (new authorization or changing banking information), please attach a voided check at the bottom of this page.