

ELECTRONIC GIVING AUTHORIZATION FORM

Remit to: **St. Peter's Lutheran Church**
Att: Dennis McClintock, 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: <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: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ ⑆ 23456789 ⑆ 23 23456* 000 ⑆ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Routing Number Account Number Check Number </div>
	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.