

## Electronic Giving Authorization Form



**St. Peter's Lutheran Church**  
**418 E Sumner Street**  
**Northfield, MN 55057**  
**507-645-8252**

Type of Authorization Form:

<input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change donation date(s) or frequency <input type="checkbox"/> Change banking/credit card account information <input type="checkbox"/> Discontinue electronic donation
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Last Name First Name

Address

City State Zip

Email Address

<b>Date of first donation:</b> ____ / ____ / ____  <b>Date of last donation (optional):</b> ____ / ____ / ____	<b>Frequency of donation:</b> <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Quarterly (Jan 15 <sup>th</sup> , April 15 <sup>th</sup> , July 15 <sup>th</sup> , Oct. 15 <sup>th</sup> )	<b>FUNDS:</b> General/Operating \$ _____ Building \$ _____ _____ \$ _____ <div style="text-align: right;"><b>Total</b> \$ _____</div>	
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<b>CHECKING / SAVINGS</b>	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 to this form)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <div style="text-align: center; font-size: small;"> </div>
	I authorize the above church and Vanco Services, LLC 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.*