



LUTHERAN CHURCH | 140 N. 7TH AVE. | WEST BEND, WI 53095



A VANCO COMPANY

TRINITY OFFERING | ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

| | |
|------|---|
| DATE | FOR OFFICE USE ONLY ENVELOPE # |
|------|---|

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"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Other (SPECIFY) _____ _____ | FUND ALLOCATION: <input type="checkbox"/> General/Operating <input type="checkbox"/> Building | AMOUNT(S): \$ _____ \$ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">TOTAL \$ _____</div> |

| | |
|---------------------------|---|
| CHECKING / SAVINGS | <p>Please debit my donation from (CHECK ONE)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a VOIDED check below)</p> <p>ROUTING NUMBER: _____</p> <p>ACCOUNT NUMBER: _____</p> <div style="border: 1px solid gray; padding: 5px; margin: 10px 0;"> <p>Your Name 1234 Your Street Your Town, 00000</p> <p style="text-align: right;">DATE: _____</p> <hr/> <p>PAY TO THE ORDER OF: _____ \$ _____</p> <p style="text-align: right;">DOLLARS</p> <hr/> <p>FOR: _____</p> <p>⑆00000000⑆ 156 ⑆00000000 296 456</p> <p style="text-align: center;"> </p> <p style="text-align: center;"> Routing Number Account Number Check Number </p> </div> <p>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.</p> <p>AUTHORIZED SIGNATURE _____ DATE _____</p> |
|---------------------------|---|

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