

AUTHORIZATION FOR ELECTRONIC CONTRIBUTION

Complete and return to North Valley Lutheran, 1988 220th Avenue, Centuria, WI 54824

FOR OFFICE USE ONLY	ENVELOPE #	DATE
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Effective date of authorization: ____/____/____

Type of Authorization : New Authorization Change banking information

Change contribution amount Discontinue electronic contribution

Change contribution date

Last Name	First Name
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Address

City	State	Zip
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Email Address	Phone Number
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<p>Name and Address of Financial Institution:</p> <p>_____</p> <p>Please debit my contribution from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p>	<p>Routing Number: _____</p> <p><i>Valid Routing # must start with 0, 1, 2, or 3</i></p> <p>Account Number: _____</p> <div style="text-align: center; margin-top: 10px;"> <table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 0 5px;">Routing # <small>(9 digits)</small></td> <td style="text-align: center; padding: 0 5px;">Account #</td> <td style="text-align: center; padding: 0 5px;">Check #</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> </table> </div>	Routing # <small>(9 digits)</small>	Account #	Check #	↓	↓	↓
Routing # <small>(9 digits)</small>	Account #	Check #					
↓	↓	↓					

<p>FIRST CONTRIBUTION DATE:</p> <p>____/____/____</p>	<p>FREQUENCY OF CONTRIBUTION:</p> <p><input type="checkbox"/> Semi-monthly <small>(transferred on 1st and 15th of each month)</small></p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p>	<p>FUNDS AND AMOUNTS: (Check only one)</p> <p><input type="checkbox"/> General \$ _____</p> <p><input type="checkbox"/> Building \$ _____</p> <p><input type="checkbox"/> _____ \$ _____</p> <p style="text-align: right; padding-right: 20px;">Total \$ _____</p>
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AGREEMENT

I authorize North Valley Lutheran Church and the financial institution listed above to process debit entries to my account, and if necessary, credit entries and adjustments for any debit entries in error. I understand that this authority will remain in effect until I have cancelled it in writing.

Authorized Signature: _____ Date: _____

PLEASE USE SEPARATE FORM IF CONTRIBUTING TO MORE THAN ONE FUND

Please attach voided check here.