

FAITH GIVING
Authorization Agreement for Automatic Payment (Debits)

Mail this form to: Faith Lutheran Church 500 W. LeClaire Road Eldridge, IA 52748
OR call Carolyn Scheibe (563.285.4557), Faith's Financial Secretary, to set this up via phone.

I (we-if joint account) hereby authorize Faith Lutheran Church
Hereinafter called Company, to initiate debit entries from my account as follows: **(complete only one of the options listed below)**

\$ _____	Monthly on the 1 st	Offering Type:
\$ _____	Monthly on the 1 st & 15 th	_____ Noisy Offering
\$ _____	Weekly on Monday	_____ Regular Offering
\$ _____	One Time Donation	_____ Special Offering (specify)

and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

Bank/Financial Institution Name/Number	Branch	City, State Zip
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Routing Number/ABA	Account Number
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Type of Account (*Select One*): _____ Checking _____ Savings

This authority is to remain in full force until _____ (Date) or Company has received written notification from me (or either of us of) its terminations in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it (minimum 10 days).

Name (<i>Please Print</i>)	E-mail Address (<i>if needed for notification</i>)
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Signature (or Verbal Authorization)	Date
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Name (*if joint account using the term "and"*)

Signature	Date
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