"SIMPLY GIVING"

AUTHORIZATION FOR AUTOMATIC TRANSFER

I authorize <u>South Santiago Lutheran Church</u> and the financial institution named below to initiate electronic debits from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

<table>
<tr><td rowspan="6">Staple Voided
Check Here</td></tr>
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Staple Voided Check Here

(Name of Financial Institution)   (Branch)

(Signature)   (Date)

(Name – Please Print)

(Address – Please Print)

I authorize a monthly payment amount of $_____ directly from my checking /savings account on the 15th of each month. This monthly payment should be divided as follows:

General Fund	$_____
Building Fund/Debt Reduction	$_____
Other_____	$_____

I authorize a monthly payment amount of $_____ directly from my checking /savings account on the 30th of each month. This monthly payment should be divided as follows:

General Fund	$_____
Building Fund/Debt Reduction	$_____
Other_____	$_____

(If payment amount changes I will notify you at least 10 days before the regularly scheduled payment date.)

Account Number _____   Checking_____   Savings_____

Financial Institution Routing Number __|:_____|:_____

- -
RETAIN FOR YOUR RECORDS

On _____, (date) I authorized South Santiago Lutheran Church 14675 37th St Clear Lake, MN 55319 to initiate electronic debits from my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization at any time by writing to the address above.

Payment amount $_____ Withdrawal will occur on the 15th of each month
Payment amount $_____ Withdrawal will occur on the 30th of each month