



“SIMPLY GIVING”

AUTHORIZATION FOR AUTOMATIC TRANSFER

I authorize South Santiago Lutheran Church 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.

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

