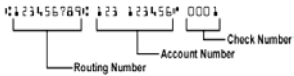


AUTHORIZATION FORM

| | | |
|---|--|--|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
| Name of Church BETHLEHEM LUTHERAN CHURCH Effective date of authorization: ____/____/____ Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date | | |
| Last Name | | First Name |
| Address | | |
| City | State | Zip |
| Email Address | | |
| Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) | | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  |
| FIRST DONATION DATE: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Monday or Friday (circle one) <input type="checkbox"/> Monthly on the 1st or 15th (circle one) <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month) | FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Families in Need \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ Total \$ _____ |
| AGREEMENT I authorize the above church and Vanco Services, LLC 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. Authorized Signature: _____ Date: _____ | | |

Please attach voided check here.