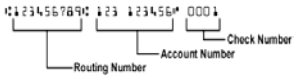


AUTHORIZATION FORM

| | | | | | | | | |
|--|--|--|---|---|--|---|--|-----------|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE | | | | | | |
| First Lutheran Church Effective date of authorization: ____/____/____ Type of Authorization Form: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table> | | <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 | | 504755125 |
| <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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  | | | | | | |
| FIRST DONATION DATE: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ | FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Evangelism/Outreach \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <p style="text-align: right;">Total \$ _____</p> | | | | | | |
| AGREEMENT I authorize the above church 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.