

AUTHORIZATION FORM



Michigan District of the Lutheran Church - Missouri Synod
3773 Geddes Road, Ann Arbor, MI 48105-3098



St. Luke Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation amount	
<input type="checkbox"/> Change donation date	

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General – St. Luke Ann Arbor \$ _____ <input type="checkbox"/> General – Living Water \$ _____ <input type="checkbox"/> General – ULC \$ _____ <input type="checkbox"/> Debt Reduction \$ _____ <input type="checkbox"/> Living Water Building Fund \$ _____ <input type="checkbox"/> Vivo Sinfonietta \$ _____ <input type="checkbox"/> Quarterly Missions \$ _____ <input type="checkbox"/> Other _____ \$ _____ <div style="text-align: right;">Total \$ _____</div>
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CHECKING / SAVINGS

Please debit my donation from my (check one):

Savings Account (contact your financial institution for Routing #)

Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

I authorize the above organization and Vanco Services 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: _____