

Fields outlined in red are required.

AUTHORIZATION FORM FOR EMAIL SUBMISSION

Name of the organization: TRINITY LUTHERAN CHURCH, SPARTA, WI



FOR OFFICE USE ONLY		OFFERING ENVELOPE #	DATE	
Effective date of authorization: ____/____/____				
Type of authorization: <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		Phone		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____		AMOUNTS: \$ _____ \$ _____ Total \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (Attach a picture of a voided check. See below)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ Routing Number Account Number Check Number	
	I authorize the above organization 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: (Required) _____ Date: _____			

Please sign the form, take a picture of the form, and also take a picture of a voided check and send both pictures in email to office@tlcsparta.org.

Fields outlined in red are required.

Additional comments: