

Simplified Giving

An Automated Giving Program for Advent Lutheran Church

Authorization for Electronic Transfer of Contributions

We authorize Advent Lutheran Church, to initiate CREDIT (for deposit of contributions) and DEBIT (for settlement of returned items) transactions to the account indicated below. This authorization will remain in effect until we notify Advent Lutheran Church, in writing to discontinue the ELECTRONIC TRANSFER.

We authorize Advent Lutheran Church to automatically withdrawal as follows:

(Please indicate one option)

Weekly Contribution of \$_____ (Monday Withdrawals)

Monthly Contribution of \$_____ (5th of each month)

Monthly Contribution of \$_____ (20th of each month)

Please indicate the date you wish to begin Auto debiting (ACH) _____
(date)

Member Name

Envelope #

Name of Financial Institution

Mailing Address

City

State

Zip

Financial Institution Routing Number

Account Number

Account Type (Checking or Savings)

Signature

Date

A VOIDED CHECK MUST BE ATTACHED

Fax to: 561-392-1470