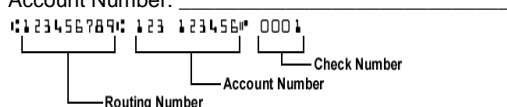
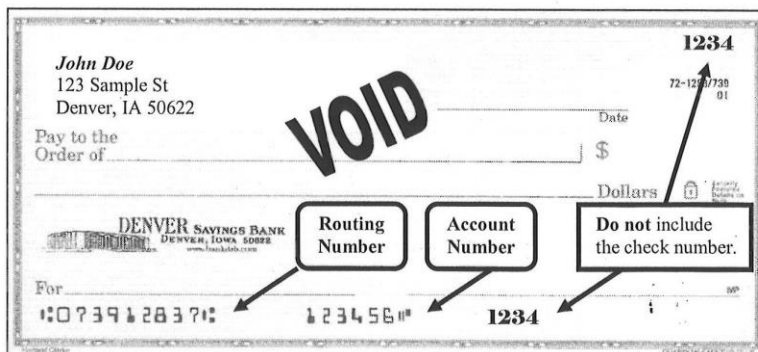


AUTHORIZATION FORM

St Peter Lutheran Church
 540 E Franklin St
 PO Box A
 Denver Iowa 50622

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
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"/> 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 \$ _____
ANNUAL CONTRIBUTIONS		
<input type="checkbox"/> Easter offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Thanksgiving offering	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas offering	\$ _____	Date to be transferred ____/____/____
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 voided check below)	
	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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: _____ Date: _____		

If using a checking account, please attach a voided check at the bottom of this page.



(tape voided check here)

Note:
 The routing & account numbers may be in different places on your personal check.