

St. Andrew Lutheran Church
e - Giving

Electronic Fund Transfer (EFT) Enrollment Form

A.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZATION PAYMENTS

I hereby authorize **St. Andrew Lutheran Church** to initiate electronic debit entries (e-giving) to my/our account(s) as indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my/our account must comply with provisions of U.S. law.

CHECKING ACCOUNT

Bank Name _____	Bank Location/City _____	
Account Number _____	Routing Number _____	
<input type="checkbox"/> Begin Direct Debit (e-giving)	<input type="checkbox"/> Change Direct Debit (e-giving)	<input type="checkbox"/> Cancel Direct Debit (e-giving)
Start date _____	Change date _____	Cancellation date _____
Amount \$ _____	Amount \$ _____	
<input type="checkbox"/> Monthly debit on the 15 th of the month	<input type="checkbox"/> Monthly debit on 15 th of the month	
<input type="checkbox"/> Weekly debit every Thursday	<input type="checkbox"/> Weekly debit every Thursday	

Please attach a copy of a voided check.

SAVINGS ACCOUNT

Bank Name _____	Bank Location/City _____	
Account Number _____	Routing Number _____	
<input type="checkbox"/> Begin Direct Debit (e-giving)	<input type="checkbox"/> Change Direct Debit (e-giving)	<input type="checkbox"/> Cancel Direct Debit (e-giving)
Start date _____	Change date _____	Cancellation date _____
Amount \$ _____	Amount \$ _____	
<input type="checkbox"/> Monthly debit on the 15 th of every month	<input type="checkbox"/> Monthly debit on the 15 th of every month	
<input type="checkbox"/> Weekly debit every Thursday	<input type="checkbox"/> Weekly debit every Thursday	

Please attach a copy of a deposit slip.

This authorization is to remain in full force and effect until **St. Andrew Lutheran Church** has received written notification from me/ either of us of its termination/modification in such time and manner as to afford **St. Andrew Lutheran Church** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name (please print) _____ Date _____

Signature _____

Envelope no. _____