



Authorization Form

Effective Date _____

- New Authorization
- Change Contribution

- Change Contribution Date
- Change Financial Institution Account
- Discontinue Electronic Giving

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Regular Contribution

- | | | |
|---|------------------|----------|
| <input type="checkbox"/> Weekly (transferred on Mondays) | General Fund | \$ _____ |
| <input type="checkbox"/> Semimonthly (transferred on the 1 st & 15 th) | Capital Campaign | \$ _____ |
| <input type="checkbox"/> Monthly (transferred on either the 1 st or the 15 th) | Care Fund | \$ _____ |
| CIRCLE ONE: 1st or 15th | Other | \$ _____ |
| | Other | \$ _____ |

TOTAL CONTRIBUTION AMOUNT \$ _____

I (we) hereby authorize Lake Community Church to initiate debit entries and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution listed below. I (we) acknowledge that the origination of ACH transactions to or from my (our) account must comply with the provisions of U.S. laws and regulations.

Date _____ Signature(s) _____

Bank Routing Number _____ Account Number _____

Account Type: Checking Savings

Please attach a voided check or financial institution account verification letter to this form.

This authorization is to remain in full force and effect until Lake Community Church has received written notification from me (or either of us) of its termination in such a time and manner as to afford Lake Community Church and Glenwood State Bank a reasonable time to act upon it.

Note: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.



For Office Use Only Date Received _____ Date Processed _____