

St. John's Lutheran Church Automatic Withdrawal

CREDIT/DEBIT AUTHORIZATION FORM

I (we) _____ hereby authorize St. John's Lutheran Church to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until St. John's Lutheran Church is notified by me (us) in writing to cancel it in such time as to afford St. John's Lutheran Church and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name on Account _____

Phone# _____

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

Financial Institution **Routing Number:** _____

Account Number: _____

Type of Account: ___ Checking ___ Savings

Amount Per Transaction: _____ Frequency: 1x per month 2x per month

***If you choose 1 withdraw per month, that withdraw will occur on the 24th of the month.*

Signature: _____ Date: _____

Please include a VOIDED CHECK

Automatic payments will be withdrawn on the 10th and/or the 24th of every month. A \$10.00 fee will be assessed for each Non-Sufficient Fund.