

Electronic Giving

Authorization Agreement for Preauthorized Payments

Name: _____

Address: _____

Contact Number: _____ E-Mail: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Amount: _____ Type: ☐ Checking ☐ Savings

Start Date: _____

Please indicate if you are currently giving electronically ☐ yes ☐ no

Frequency of Donation: ☐ Weekly

Or ☐ Monthly

If monthly select one of the following: ☐ 1st of the month ☐ 15th of the month

I authorize Decorah Lutheran Church to initiate debit entries in the amount of \$ _____ and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated above. This authorization will remain in effect until I have canceled it in writing to Decorah Lutheran Church.

Authorized Signature: _____ Date: _____

Please return to the church office at: Decorah Lutheran Church, 309 Winnebago Street. Processes will be through Decorah Bank and Trust. Thank you.

Office use: Date entered _____ initials _____

Updated 9/26/16

Please attach a voided check. Thank you!