



FAITH LUTHERAN CHURCH

ELECTRONIC GIVING AUTHORIZATION FORM

Name _____

Address _____

City State Zip _____

Email Address _____

Phone Number _____

Date of first donation: ____/____/____

Frequency of donation: (please check one)

- Monthly on the _____ Semi-Monthly on the _____ and the _____
 Weekly on _____ Annually on _____
 One time on _____

Funds and donation amounts:

- Powered by Faith \$ _____
 Monthly Missions \$ _____
Total amount \$ _____

Debit my donation from my: (please check one)

- Checking Account (please complete routing and account information)
 Savings Account (contact your financial institution for routing #)

Routing Number: (must start with 0, 1, 2, or 3) _____

Account Number: _____

— OR —

Credit/Debit Card: (please check one)

- Visa Mastercard Discover American Express

Card Number _____

Expiration Date _____ Card Verification Value (CVV2) _____

Name of Cardholder _____

Billing Address (if different than above) _____

AGREEMENT I authorize Faith Evangelical Lutheran Church to process the above electronic contributions. I understand that this authority will remain in effect until I provide notification to terminate the authorization.

Signature: _____ Date: ____/____/____