

(Print on letter head or insert logo here)

**Authorization Form For Automatic Withdraw For Church Offering**

**Purpose Of Authorization (Check One)**

New     Change (Effective Date \_\_\_\_\_ )     Cancel (Effective Date \_\_\_\_\_ )

**Section A    Member Information**

Member Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ (Phone) \_\_\_\_\_

E-mail \_\_\_\_\_ Envelope Number \_\_\_\_\_

**Section B    Financial Institution Information**

Financial Institution Name (Please Print) \_\_\_\_\_

Routing / ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

Please Check One:     Savings Account     Checking Account

**Section C    Indicate The Amount And The Date You Want The Deduction to Occur**

\*\*\*\* Please note we require a 30 day notice to cancel or make changes\*\*\*\*

\$ \_\_\_\_\_ 1<sup>st</sup> of the month – General Fund                      \$ \_\_\_\_\_ 15<sup>th</sup> of the month – General Fund

\$ \_\_\_\_\_ 1<sup>st</sup> of the month – Building Fund                      \$ \_\_\_\_\_ 15<sup>th</sup> of the month – Building Fund

**Section D    Authorization and Signature**

I authorize St. Matthew Lutheran Church of Milan, IL to deduct from my bank account the amount indicated above for my offering. I understand a 30 day notice is required to change or cancel this deduction. The 30 day notice will be given by filling out a new authorization form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section F    Account Verification**

**Please Attach Voided Check Here  
Or Letter From Financial Institution On Back**