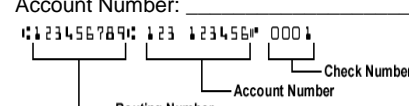


# ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

Church of St. Mary of the Lake 105 Forestview Ln N Plymouth MN 55441

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE #</b>	<b>DATE</b>														
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation																
Last Name		First Name														
Address																
City		State      Zip														
Email Address																
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<table style="width:100%; border:none;"> <tr> <td style="width:50%;"><b>FUNDS:</b></td> <td style="width:50%;"><b>AMOUNTS:</b></td> </tr> <tr> <td><input type="checkbox"/> Sunday Contribution</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Capital Improvement</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Neighbor-to-Neighbor</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Education Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other (specify)</td> <td>\$ _____</td> </tr> <tr> <td style="text-align:right;"><b>Total</b></td> <td><b>\$ _____</b></td> </tr> </table>	<b>FUNDS:</b>	<b>AMOUNTS:</b>	<input type="checkbox"/> Sunday Contribution	\$ _____	<input type="checkbox"/> Capital Improvement	\$ _____	<input type="checkbox"/> Neighbor-to-Neighbor	\$ _____	<input type="checkbox"/> Education Fund	\$ _____	<input type="checkbox"/> Other (specify)	\$ _____	<b>Total</b>	<b>\$ _____</b>
<b>FUNDS:</b>	<b>AMOUNTS:</b>															
<input type="checkbox"/> Sunday Contribution	\$ _____															
<input type="checkbox"/> Capital Improvement	\$ _____															
<input type="checkbox"/> Neighbor-to-Neighbor	\$ _____															
<input type="checkbox"/> Education Fund	\$ _____															
<input type="checkbox"/> Other (specify)	\$ _____															
<b>Total</b>	<b>\$ _____</b>															
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 														
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____															

*If using a checking account, please attach a voided check at the bottom of this page.*