

THIS LINE FOR OFFICE USE ONLY: ENVELOPE/DONOR #

DATE

*simply giving*

## AUTHORIZATION FORM FOR AUTOMATED GIVING

*Please submit this form to the Director of Operations in the congregation office, 212 East Capitol St, NE, Washington, DC 20003*

IF USING A CHECKING ACCOUNT FOR YOUR RECURRING DONATION, PLEASE ATTACH A VOIDED CHECK TO THIS PAGE

EFFECTIVE DATE OF AUTHORIZATION \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of authorization:

- ☐ New authorization    ☐ Change donation amount    ☐ Change donation date  
☐ Change banking information    ☐ Discontinue electronic donation

*last name**first name**address**city**state**zip**email address*

## FUNDS

## AMOUNTS

## FREQUENCY OF DONATION

## DATE OF FIRST DONATION

- ☐ General Offering \$ \_\_\_\_\_  
☐ Anniversary Campaign \$ \_\_\_\_\_  
☐ Food Pantry \$ \_\_\_\_\_  
☐ Southeast Ministry \$ \_\_\_\_\_

- ☐ Weekly – Mondays \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Monthly on the 1st  
☐ Monthly on the 15th

TOTAL \$ \_\_\_\_\_

## ANNUAL CONTRIBUTIONS

## AMOUNTS

## DATE TO BE TRANSFERRED

- ☐ Easter offering \$ \_\_\_\_\_  
☐ Thanksgiving offering \$ \_\_\_\_\_  
☐ Christmas offering \$ \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

## CHECKING / SAVINGS

Please debit my donation from my (check one)

- ☐ Savings Account (contact your financial institution for Routing #)  
☐ Checking Account (attach a voided check below)

250250025 000009876543 1234  
 ROUTING # ACCOUNT # CHECK #

routing number; VALID ROUTING # MUST START WITH 0, 1, 2, OR 3

*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*

Lutheran Church of the  
REFORMATION

OPENING DOORS, NOURISHING SOULS, PRAISING GOD  
ANNIVERSARY CAMPAIGN

