FO	R OFFICE USE ONLY	ENVELOPE/DONOR #	ENVELOPE/DONOR #		DATE			
St. Matthews Lutheran Church								
Effective date of authorization:/								
Type of Authorization Form:  New Authorization Change donation amount Discontinue electronic donation Change donation date								
Last Name			First N	First Name				
Address								
City	/		State Zip		Zip			
Em	Email Address			Home/Cell Phone #				
FIR	ST DONATION DATE:	FREQUENCY OF DONATION:	N: FUNDS AND A			NTS:		
/		<ul> <li>□ Weekly on Monday</li> <li>□ Monthly on the 1<sup>st</sup></li> <li>□ Monthly on the 15<sup>th</sup></li> <li>□ Semi-Monthly (transferred on 1<sup>st</sup> and 15<sup>th</sup> of each</li> </ul>	General Opera Building Evangelism Ou Mission Endow Designated Fu			each ent Fund	\$ \$ \$ \$	
ECKING / SAVINGS	Please debit my donation from my (check one):  Savings Account (contact your financial institution for Routing #)  Checking Account (attach a voided check below)		Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:    1.1.2.3.4.5.5.78.91.    1.2.3.4.5.5.18    0.00.1					
СНЕСКІ	I authorize the above church 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:							
CREDIT CARD	Please charge my donation to my (check one):   Usa   MasterCard				Card	☐ Discover Card		
	Credit Card Number:					Expiration Date:		
	Name on Card:							
	Billing Address (if different from above):							
CRI	I authorize the above church to charge my credit card in accordance with the information above.							
	Signature (as it appears on the credit card):				_ Date:			

Please attach voided check over credit card section above if using checking account.