



**St. Paul Lutheran Church**  
 Member Authorization Form  
 for Electronic Fund Transfer to **Daily Ministry Fund**

Member name(s) <i>please print</i>				Envelope number
Address	City	State	Zip	Phone number
Email				
<input type="checkbox"/> New authorization <input type="checkbox"/> Change donation date <input type="checkbox"/> Change authorized amount <input type="checkbox"/> Stop electronic donation <input type="checkbox"/> Change bank account information				
Frequency <input type="checkbox"/> Monthly A (will be transferred the 1 <sup>st</sup> of each month) <input type="checkbox"/> Monthly B (will be transferred the 16 <sup>th</sup> of each month) <input type="checkbox"/> Semi-monthly (will be transferred the 1 <sup>st</sup> and 16 <sup>th</sup> of each month)			Amount \$ _____ Starting date of transfer _____ <small>(must be the 1<sup>st</sup> or 16<sup>th</sup>)</small>	
Please take my contribution directly from my: <input type="checkbox"/> Checking account (attach a voided check) <input type="checkbox"/> Savings account (attach a savings deposit slip) Routing number _____ Account number _____ I authorize St. Paul Lutheran Church to process debit entries to my account. I have attached a voided check or savings deposit slip. I understand that this authority will remain in effect until I provide reasonable notification to terminate or change this authorization. Authorized signature _____ Date _____				

Please: Attach a voided check or savings deposit slip  
Be sure to sign this form.

Return completed form to the church business office.