

New Request
 Change Request

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

I (we) hereby authorize St. Peter Lutheran Church to initiate debit entries to my (our) Checking Account/ Savings Account (Select One) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and the debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

BANK INFORMATION

Depository (Bank) Name: _____ Branch _____

City: _____ State: _____ Zip: _____

Account Type: Checking Savings

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until St. Peter Lutheran Church has received written notification from me (or either of us) of its termination in such manner as to afford St. Peter Lutheran a reasonable opportunity to act on it.

DONATION INFORMATION or AUTOMATIC WITHDRAWS TUITION:

Total amount to be transferred for each donation/ payment: _____

One Time

Monthly – (Please [X] which Monday of the Month you would like your automatic withdraw)

1st Monday 2nd Monday 3rd Monday 4th Monday

Every other week

Weekly – (Each Monday)

Amount each donation to be designated towards:

Tithes/Offerings _____ Building Fund _____ Tuition: _____

Date to begin ____/____/____

YOUR CONTACT INFORMATION

Name(s): _____

Address: _____

City _____ State _____ Zip: _____

Phone: _____

Signature _____ Date: ____/____/____

***Please attach a voided check/deposit slip to this form – From the account to be used