AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Hosanna! Lutheran Church · 9600 163rd Street West · Lakeville MN 55044 · 952-435-3332

Last Name		First Name	
Address			
Address			
City		State	Zip
Please debit my contributio			
☐ Checking Account (attach a voided check)		Routing Number:	
Savings Account (contact your financial		Account Number:	
institution for Routing #)		**O12345678** O123456789O123** O123	
Bank Name:		Bank Routing Bank Account Check	
		Nui	mber Number Number
Date of first contribution:	Frequency of contribution (please check only one		Church fund selection and amounts:
/	☐ Semimonthly – 5th a	nd 20th	General Fund-Lakeville \$
	☐ Monthly on the 5th		Multiply-Lakeville \$
☐ Monthly on the 20th			
			Total Monthly Donation: \$
<u>AGREEMENT</u>			
			account. I understand that this authority will remain in
effect until I provide reasonable notification to terminate this authorization.			
Authorized Signature:	Authorized Signature:		Date:
Please staple voided check here.			