

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			
City	State	Zip	

<p>Please debit my contribution from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p>Bank Name: _____</p>	<p>Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i></p> <p>Account Number: _____</p> <p>⑆0⑆2345678⑆0⑆234567890⑆23⑆0⑆23</p> <p>Bank Routing Number Bank Account Number Check Number</p>
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<p>Date of first contribution:</p> <p>____/____/____</p>	<p>Frequency of contribution: (please check only one)</p> <p><input type="checkbox"/> Semimonthly – 5th and 20th</p> <p><input type="checkbox"/> Monthly on the 5th</p> <p><input type="checkbox"/> Monthly on the 20th</p>	<p>Church fund selection and amounts:</p> <p><input type="checkbox"/> General Fund \$ _____</p> <p><input type="checkbox"/> Fingerprints \$ _____</p> <p>Total Monthly Donation: \$ _____</p>
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Special Instructions:

AGREEMENT

I authorize Hosanna! Lutheran Church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate this authorization.

Authorized Signature: _____ **Date:** _____

Please staple voided check here.