

# Trinity Lutheran Church

502 N 4th St Bismarck ND 58501 (701) 223-3560  
(#45-0259468)

## AUTHORIZATION FORM FOR PRE-AUTHORIZED PAYMENTS

FOR OFFICE USE ONLY		ENVELOPE/DONOR #:	
<b>Name (Please Print)</b>		<b>DISCONTINUE ENVELOPES</b> Yes ___ No ___	
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Email Address</b>			
<b>GENERAL/OPERATING</b>		<b>BUILDING MAINTENANCE</b>	
<input type="checkbox"/> the 5th day of each month \$ _____		<input type="checkbox"/> the 5th day of each month \$ _____	
<input type="checkbox"/> the 20th day of each month \$ _____		<input type="checkbox"/> the 20th day of each month \$ _____	
Effective Date: _____		Effective Date: _____	
Please take my contribution directly from the account specified:			
<input type="checkbox"/> Checking Account (attach voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)	
Routing # : _____		Account # : _____	
<b>AGREEMENT</b>			
I (we) authorize <b>Trinity Lutheran Church</b> to process debit entries to my (our) checking/savings account. I (we) understand that this authority will remain in effect until I (we) provide reasonable notification to terminate the authorization.			
<b>Authorized Signature:</b>			
_____		Date: _____	
_____		Date: _____	

*Please attach a voided check or savings deposit slip*