



ELECTRONIC GIVING AUTHORIZATION FORM
*Open your heart without opening your checkbook.
 Show your support for your Church!*

Grace Lutheran Church

- | | |
|---|--|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change banking information |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation |
| <input type="checkbox"/> Change donation date | |

Last Name		First Name	
Address			
City		State	Zip
Phone Number			
Email Address			

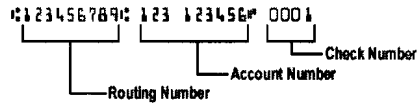
Please debit my donation from my (check one):

- Checking account—attach a voided check
- Savings account—contact bank for routing #

Routing # _____

Valid routing # must start with a 0, 1, 2, or 3

Account # _____



First Donation Date:

____/____/____

Frequency of donation:

- Weekly on _____
- Monthly on _____
- Semi-Monthly (transferred on 1st and 15th of each month)

Donation amounts:

General \$ _____

Building \$ _____

Total \$ _____

I authorize Grace Lutheran Church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

 Signature on bank account Date

FOR OFFICE USE ONLY		
Congregation Code 504745523	Envelope #	Verifier Initials & Date