

Eleva Lutheran Church
Authorization for Electronic/ Automatic Withdrawal Offering

Member Name _____

Address _____

I hereby authorize Eleva Lutheran Church through CCF Bank to initiate debits to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Eleva Lutheran Church is notified by me in writing to cancel it in such time as to afford the Eleva Lutheran Church and CCF Bank a reasonable opportunity to act on it.

I understand that if the offering date falls on a weekend or holiday, this transaction may not be posted to my account until the next business day, and this is solely determined by the banks involved, not by Eleva Lutheran Church. I also understand that by signing this agreement I am required to have the correct amount of funds in the account listed below on the offering date listed, and cannot alter the transaction date or amount at any time unless notification is sent to the church in ample time to make the change.

MEMBER: PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP WITH ACCOUNT NUMBER

Bank Name _____

Bank Address _____

Bank Routing Number _____

Account Number _____

Account Type _____

These numbers are located on the bottom of your check as follows:

123456789
routing number

1234567890123
account number

I would like my offering to be deducted from my account:

_____ weekly _____ monthly (if monthly, on this day _____).

Start Date _____ End Date _____

I would like each contribution to be this total amount \$_____.

If this amount is to be divided by the church treasurer, I would like this total apportioned as follows:

\$_____ General Fund

\$_____ Mission Fund

\$_____ Improvement Fund

Member Signature _____ **Date** _____

Secretary/ Treasurer Signature _____ **Date** _____

I HEREBY CANCEL THE ABOVE TRANSACTION:

Member Signature _____ **Date** _____

Secretary/ Treasurer Signature _____ **Date** _____