I (we) hereby authorize <u>St. Paul Lutheran Church</u>, hereinafter called Company, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Information:			
Depository Name			
Branch	Bank Routing Number (ABA#)		
City	State		
Zip			
This Authorization is to rem written notification from me manner as to afford COMPA it.	(or either of us) of	its termination	n in such time and in such
Your Information:			
Name(s)			
Address			
Name(s) as listed on Account	'		
Account Number		Phone #	
Account Type: Circle One	Checking	Savings	
Total Amount	Gener	General Fund Mission	
Date for Withdrawal: Circle	one		
Monthly- 1^{st} 15^{th}	Weekly-	Monday ea	ch week
Date	Signature		

Note: ALL WRITTEN DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.