## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DONATIONS

## St. John's Lutheran Church - Le Mars, Iowa

entries to my (our) [ ] Che	ecking [ ] Savings account (se	after called St. John's to initiate debit elect one & attach voided check or
supply bank routing #) indit to debit same to such accou		ed below, hereinafter called DONOR,
Donor Name		
City	State	Zip
Transit/ABA No	Acco	ount No
Frequency of contribution:		
Semi-monthly (1 <sup>st</sup> a	nd 15 <sup>th</sup> of each month)	
Monthly on the 1 <sup>st</sup>		
Monthly on the 15 <sup>th</sup>		
Date of first contribution	/	
Church funds and contribut	ion amounts:	
General Fund	\$	
Endowment Fund	\$	
Capital Fund	\$	
my account. The authority	will remain in effect until I (we	withdraw offerings/donations from ) provide reasonable notification (12
noon - 2 working days prev	rious to transaction date) to term	inate the authorization.
Name (s)		
Date	Signed	
Date	Signed	