

Automatic Funds Transfer Authorization Form

Lakeside Presbyterian Church • 4430 McCulloch St. Duluth, MN 55804 • (218)525-1967 • Office@lakesidepreschurch.org

Today's Date _____ / _____ / _____ Envelope number (if known) _____																			
Type of authorization: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation																			
Personal Information	Last Name _____ First Name _____ Address _____ City _____ State _____ Zip _____ Email address _____																		
Regular Giving	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-right: 1px solid black; padding: 5px;"> Date of first donation _____ / _____ / _____ </td> <td style="width: 35%; padding: 5px;"> Frequency of donation (check one): <input type="checkbox"/> Weekly—Mondays <input type="checkbox"/> Monthly on the ____ of the month <input type="checkbox"/> One time on _____ / _____ / _____ </td> <td style="width: 30%; padding: 5px;"> Funds: <input type="checkbox"/> General fund \$ _____ <input type="checkbox"/> Food Shelf \$ _____ <input type="checkbox"/> Capital Fund \$ _____ <input type="checkbox"/> Other _____ \$ _____ <div style="text-align: right;">Total \$ _____</div> </td> <td style="width: 15%; padding: 5px;"> Amount per donation: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ </td> </tr> </table>	Date of first donation _____ / _____ / _____	Frequency of donation (check one): <input type="checkbox"/> Weekly—Mondays <input type="checkbox"/> Monthly on the ____ of the month <input type="checkbox"/> One time on _____ / _____ / _____	Funds: <input type="checkbox"/> General fund \$ _____ <input type="checkbox"/> Food Shelf \$ _____ <input type="checkbox"/> Capital Fund \$ _____ <input type="checkbox"/> Other _____ \$ _____ <div style="text-align: right;">Total \$ _____</div>	Amount per donation: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____														
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Special Offerings	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;">One Time Contributions</th> <th style="text-align: left; width: 20%;">Date</th> <th style="text-align: left; width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 2014 Per Capita (\$28/member)</td> <td>02/02/2015</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> One Great Hour of Sharing (Easter)</td> <td>04/06/2015</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Pentecost (June)</td> <td>06/08/2015</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Peacemaking (October)</td> <td>10/05/2015</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Christmas Joy Offering</td> <td>12/21/2015</td> <td>\$ _____</td> </tr> </tbody> </table>	One Time Contributions	Date	Amount	<input type="checkbox"/> 2014 Per Capita (\$28/member)	02/02/2015	\$ _____	<input type="checkbox"/> One Great Hour of Sharing (Easter)	04/06/2015	\$ _____	<input type="checkbox"/> Pentecost (June)	06/08/2015	\$ _____	<input type="checkbox"/> Peacemaking (October)	10/05/2015	\$ _____	<input type="checkbox"/> Christmas Joy Offering	12/21/2015	\$ _____
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Bank Information	<p>Please debit my donation from my (check one)</p> <p><input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for routing #)</p> <p>Routing Number: _____ <small>must start with 0, 1, 2, or 3</small></p> <p>Account Number: _____</p> <div style="text-align: right; margin-top: 10px;"> </div> <p>I authorize the above organization 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.</p> <p>Authorized Signature _____ Date _____</p>																		

If using a checking account, please attach a voided check here.

