AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Christ the King Lutheran Church **Simply Giving Form**

Envelope # (leave blank if unknown)		
Last Name	First Name	
Phone	Email	
Address		
City	State	Zip

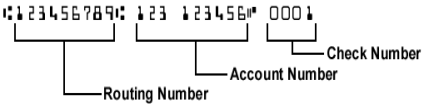
Please debit my contribution from my (check one):

- ❑ Checking Account (attach a voided check)
- ❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



Date of first donation:

_____/_____/_____

Frequency of donation: (please check only one)

- ❑ Weekly on _____ (day of the week)
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Monthly on the _____
- ❑ Semi-Monthly on the 1st and 15th

Fund designations and amounts:

- ❑ General/Operating $ _____
- ❑ Building $ _____
- ❑ Children's World $ _____
- ❑ Love Fund $ _____
- ❑ Other_____ $ _____

Total $ _____

AGREEMENT

I authorize the above organization 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.

Authorized Signature:_____ Date:_____

Please staple voided check here.