

Faith Lutheran Church

Direct Offering Authorization Form:

"The Church" is pleased to offer you a new service, the Direct Offering. Now you can have your Church Offerings deducted automatically from your checking or savings account.

The Direct Offering Plan will help you in several ways.

- It saves time – fewer checks to write
- No worries about not having enough cash on hand.
- Keep Offerings on a timely manner even if you're on vacation, out of town or bad weather.
- Saves the Church money on the cost of weekly envelopes.
- Less work for the counters.
- It's easy to sign up, easy to cancel.

Here's how the Direct Offering Plan works:

You authorize regular scheduled payments to be made from your checking or savings account. Then just sit back and relax. Your account will

be automatically charged on every Monday for weekly sign up or the 15th of every month for monthly sign up. And proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If you want to change the amount of your Offerings, you would need to notify us at least 10 days before payment date. The Direct Offering Plan is flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us

All you need to do is:

1. Mark the box for account type to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

Please complete the information below.

I/We name(s) _____
 authorize "Church" to initiate electronic debit entries from my:
 checking account _____ (or) savings account _____
 Weekly Offerings (Mondays) _____ Amount \$ _____
 Monthly Offering (15th of every month) _____ Amount \$ _____

FINANCIAL INSTITUTION NAME
 (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ROUTING NUMBER

DATE _____ SIGNATURE _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

**Return To: Evett Hartvig
 PO Box 6
 Rosholt WI 54473**