



# Electronic Giving (Direct Debit) Authorization for **Immanuel Lutheran Church**

Name of Church: <b>Immanuel Lutheran Church</b> , 104 Galvin Rd North, Bellevue, NE 68005		
Effective date of authorization: ____/____/____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name:		First Name:
Address:		
City:	State:	Zip Code:
E-mail Address:		
<b>DONATION</b>		
Date of First Donation: (required)  ____/____/____  Date of Last Donation: (optional)  ____/____/____	Frequency of Donation: (please check only one)  <input type="checkbox"/> <b>Weekly on: Monday</b> <input type="checkbox"/> <b>Semi-monthly on the 1<sup>st</sup> and 15<sup>th</sup></b> <input type="checkbox"/> <b>Monthly on the 1<sup>st</sup></b> <input type="checkbox"/> <b>Monthly on the 15<sup>th</sup></b> <input type="checkbox"/> <b>One Time</b>	Funds and Donation Amounts:  General Operating _____ Faith Venture Campaign _____ Seminary Internship _____ _____ _____ <p style="text-align: right;"><b>Total Donation</b> _____</p>
Please debit my donation from my (check only one):  <input type="checkbox"/> * <b>Checking Account</b> (attach a voided check below)  <input type="checkbox"/> * <b>Savings Account</b> (contact your financial Institution, for Routing #)		Routing Number: _____ (required) A valid routing # must start with 0, 1, 2, or 3  Account Number: _____ (required) <div style="text-align: center;"> <p> <span style="font-size: small;">⑆ 23456789⑆</span>    <span style="font-size: small;">⑆ 23456789⑆</span>    <span style="font-size: small;">000⑆</span>                      Routing Number    Account Number    Check Number                 </p> </div>
➡ * <b>Please, attach a voided check or savings deposit slip</b> for a new enrollment or change in bank account. ⬅		
<b>Agreement</b> I authorize the above church 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: X _____		Date: _____
FOR OFFICE USE ONLY	DONOR #:	DATE PROCESSED:

