

Faith & Rock Creek Lutheran Churches

Electronic Funds Transfer Request

ENROLLMENT INSTRUCTIONS:

1. Using black ink, complete the form below.
2. Indicate whether this is a new enrollment/authorization, a change in amount, or change in account.
3. Indicate the account type, routing number and account number. Attach a voided check or a savings deposit slip to the enrollment form.
4. Sign on the Account Holder Signature line.
5. return it to the pastor, treasure, or drop it in the offering plate.

Last Name	First Name	Middle Initial
Mailing Address	City	State
Check Appropriate Box: <input type="checkbox"/> New enrollment authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		
Please withdraw donation from: <input type="checkbox"/> Checking (Attach a voided check) <input type="checkbox"/> Savings (Attach a savings deposit slip) Routing # _____ <small>A valid routing # must start with 0, 1, 2, or 3</small> Account # _____	REQUIRED I authorize Faith/Rock Creek Lutheran Church to automatically withdraw donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization. Account Holder Signature _____	
*****ATTACH EITHER A VOIDED CHECK OR SAVINGS DEPOSIT SLIP *****		
Congregation (check one): <input type="checkbox"/> Faith Lutheran Church, Durand <input type="checkbox"/> Rock Creek Lutheran Church, Mondovi		
Frequency of transfer: <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly of Friday <input type="checkbox"/> Semi-monthly (On the 1 st and the 15 th) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th START DATE _____	Amount per withdrawal: _____	