

# AUTHORIZATION FORM



Michigan District of the Lutheran Church - Missouri Synod  
3773 Geddes Road, Ann Arbor, MI 48105-3098

## St. Luke Lutheran Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: \_\_\_\_\_

Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change credit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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Email Address

<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b>	<b>FUNDS AND AMOUNTS:</b>
	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<input type="checkbox"/> General – St. Luke Ann Arbor \$ _____ <input type="checkbox"/> General – Living Water \$ _____ <input type="checkbox"/> General – ULC \$ _____ <input type="checkbox"/> Debt Reduction \$ _____ <input type="checkbox"/> Living Water Building Fund \$ _____ <input type="checkbox"/> Quarterly Missions \$ _____ <input type="checkbox"/> Other _____ \$ _____ <p style="text-align: right;"><b>Total \$ _____</b></p>

<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization and Vanco Services 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: _____	

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____	