



St. Michael Lutheran Church & School
ELECTRONIC GIVING FORM

RETURN COMPLETED FORM TO CHURCH OFFICE.

Effective date of change: ___/___/___

- Type: New Authorization Change donation amount Change donation date
 Change banking information Discontinue electronic donation

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Frequency of Donation:

- Weekly
 Monthly
 Semi-Monthly

Funds:

- General/Operating
 Building/Debt
 Board of Youth
 School Improvements
 Children's Ministry
 LAMP
 Good Samaritan
 Endowment Fund
 Other: _____

Amounts:

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
TOTAL: \$ _____

Savings Account

Routing Number: _____

Checking Account
 (Attach a voided check)

Account Number: _____

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	0	1
Routing Number							Account Number							Check Number								

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide notification to terminate the authorization. I can cancel by notifying the Church Office 10 days prior to the next transaction date.

Authorized Signature: _____ Date: _____

"I am under vows to you, O God; I will present my thank offerings to you." Psalm 56:12