



ORGANIZATION: ATONEMENT LUTHERAN CHURCH

NAME:

ADDRESS:

EMAIL ADDRESS:

DATE OF FIRST DONATION:

FREQUENCY OF DONATION:

Monthly on the 1st

Monthly on the 15th

Bi-Weekly (every other week)

One Time

AMOUNT OF DONATION:

DATE OF LAST DONATION (optional):

BANK ACCOUNT TYPE

checking

savings

BANK NAME

ROUTING #

ACCOUNT #

I authorize Atonement Lutheran Church to process debit entries to my bank account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____



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