

# AUTHORIZATION FORM

Shalom Lutheran Church , 800 County Road 44 NW, Alexandria, MN 56308

Your Name:

Address:

City, State, Zip:

E-mail address:

I would like to make the following contribution(s):

<input type="checkbox"/>	General Operation Fund	\$ _____
<input type="checkbox"/>	Building Fund	\$ _____
<input type="checkbox"/>	Memorial Fund	\$ _____
<input type="checkbox"/>	Other	\$ _____
<input type="checkbox"/>	Other	\$ _____
	<b>Total</b>	\$ _____

Date of first contribution: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Frequency of contribution:

Check one

<input type="checkbox"/>	Weekly - Fridays
<input type="checkbox"/>	Semi-monthly - 1st and 15th
<input type="checkbox"/>	Monthly on the 1st
<input type="checkbox"/>	Monthly on the 15th

## CHECKING/SAVINGS

Complete this section if using your checking or savings account

Please debit my (check one):

Checking account - attach voided check

Savings account - attach a voided deposit slip

Routing #:

Account #:

Valid routing # must start with 0,1,2 or 3

I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature:

Date / /

**We invite you to take this step on  
your stewardship journey to help  
support this ministry.  
Thank you for your gifts today,  
and in the future.**