

Electronic Funds Transfer Service (Pre-Authorized Bank Check)

No Service Fees

If you prefer this method of monthly contributions.....

Please complete this form.

IMPORTANT: Attach a voided check or deposit slip from your bank.

I (we) authorize Faith Lutheran Church, Topeka, KS, hereafter called "Church", to initiate debit entries to my (our) account indicated below. I(we) authorize the financial institution named below, hereafter called "institution" to charge the amount of such entries to my (our) account. This authority is to remain in full force and effect until I (we) revoke this agreement as hereafter provided. Any revocations are effective only after Church has received written notice from me (us) to terminate this agreement in such time and manner to afford a reasonable opportunity to act upon the notice. I(we) have the right to stop payment of a debit entry by notification to Institution in such time and manner to afford a reasonable opportunity to act prior to charging the account

Your Bank Name _____ Phone _____

Your Bank Address: _____ Zip _____

Your Account # _____ Bank Routing # _____

Amount you want deducted monthly/bimonthly \$ _____ Starting Month _____

To be deducted on the 5th of the month _____, 20th of the month _____ or both _____

Your Name (include spouse if joint account) _____

Address _____ Zip _____

Phone _____ Email: _____

Your Signature(s) _____ Date _____

_____ Date _____