

Gethsemane Lutheran Church

ACH Direct Payment Form for Contributions

Name: _____

Address, City, State, Zip: _____

Phone: (Home, Work, and/or Cell): _____

Email Address: _____

Church Envelope Number: _____

(If you are unsure of your envelope number, you may leave this item blank and it will be filled out by the accounting office.)

Contributions should be taken from (check one):

Checking account (attach a voided check), or

Savings account (attach a savings deposit slip)

Frequency of Funds Transfer (check one):

Weekly on Friday or

Monthly on the 15th (or the following business day if the 15th is on a weekend or holiday)

Church Funds Designation:

Amount:

\$ _____ General Fund

\$ _____ Missions

\$ _____ Other (Specify) _____

\$ _____ Total

Financial Institution Name (please print): _____

Financial Institution Routing Number: _____

(9 digits on the bottom left side of a check, beginning with 0, 1, 2, or 3, between these symbols |: |:)

Account Number at Financial Institution: _____

I authorize Gethsemane Lutheran Church to automatically initiate withdrawal of contributions from my account. I have attached a voided check or savings deposit slip. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Signature: _____

Date: _____

*** REMEMBER TO ATTACH EITHER A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP ***