

SIMPLY GIVING AUTHORIZATION FORM

Please fill out this form completely.

NEW Authorization Change

Name(s) _____

I authorize First State Bank SW and American Lutheran Church to deduct the following amount of money from my account listed below. Donations can be made either once or twice per month. The deductions will come out of your account on the 5th or 20th of each month or the next business day if the deduction day falls on a weekend or holiday. Keep in mind that you may change these amounts at anytime by contacting the church office, but they will stay in place until you change them with a new authorization form.

Starting Date _____

Deduct on the 5th of each month the following amount.....

Box 1 Operating Fund	\$ _____
Box 2 Building/Expansion fund	\$ _____
Box 3 Benevolence Fund	\$ _____
Total Deduction on the 5th of the month	\$ _____

Deduct on the 20th of each month the following amount.....

Box 1 Operating Fund	\$ _____
Box 2 Building/Expansion fund	\$ _____
Box 3 Benevolence Fund	\$ _____
Total Deduction on the 20th of the month	\$ _____

Savings Account Checking Account

Please attach a voided check here so that we may accurately ascertain your account number to make the deduction from your account.

Please staple voided check here.

Please place your signature(s) here authorizing this change.

Authorized Signature

Spouse Signature

Date

Thank your for completing this form and for your continued generosity to American Lutheran Church.