



Canton

Lutheran Church

Connecting All Generations to Christ & Community

AUTHORIZATION FORM

Simply Giving

(Electronic Giving)

Name: _____
(last) (first)

Address: _____

City: _____ State: _____ Zip _____ Cell # _____

Email address: _____

I/we would like to make the following monthly\$ _____

Frequency of contribution (check one) contribution:

- _____ Monthly on the 1st
- _____ Monthly on the 15th
- _____ Semi-monthly on 1st & 15th

Date of first contribution: ____/____/____

This is ___new enrollment authorization ___change in authorized amount ___change of account

Please debit my (check one) Checking (attach a voided check) Savings (attach a savings deposit slip)

Routing #

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

Account #

I / We authorize Canton Lutheran Church 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.

Account Holder signature _____ Date: _____

Account Holder signature _____ Date: _____

Please place in the offering plate or drop off at the church offices.