

Excel in Giving through Kindrid

AUTHORIZATION FORM

For St. Michael's Lutheran Church, Richville, Michigan

Type of authorization:

- New authorization
- Change donation amount
- Change banking information
- Discontinue electronic donation
- Change donation date

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____ E-Mail Address _____

Please debit my contribution from my: (check one)

- Checking Account (attach a voided check)
- Savings Account (contact your financial institution for routing #)

Financial Institution Name _____

Routing Number: _____ Account Number: _____
(Valid routing number must start with 0, 1, 2, or 3)

Example: 01234567 98765341 1011
 Routing# Account # Check #

Date of first contribution: _____ .

Frequency of contribution: (check only one)

- Weekly - on Mondays
- Semi-Monthly -on the 1 st and 15th
- Monthly on the 1 st
- Monthly on the 15th

Special Instructions: _____

Church fund designations and amounts:

- Home Purpose \$ _____
- Missions \$ _____
- Capital Improvement \$ _____
- Share vision/New Construction \$ _____
- Hmong Ministry \$ _____
- Total \$ _____

Agreement:

I authorize St. Michael's Lutheran Church and Kindred to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature: _____ Date: _____

Please return this completed form to the church office.

For office use only: Donor # _____ Date: _____

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