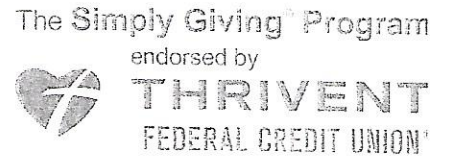


AUTHORIZATION FORM

Mt. Calvary Lutheran Church



Last Name		First Name	
Address			
City		State	Zip
Email			
DONATION TO BE MADE:			
<input type="checkbox"/> WEEKLY		<input type="checkbox"/> MONTHLY	
		Date of first donation: ____/____/____	Funds: Unified Budget: \$ _____ Restore His House-Debt Reduction \$ _____ Restore His House-Savings \$ _____ Total: \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize the above organization 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.		
Authorized Signature: _____		Date: _____	

If using a checking account,