



Place this form in the GIVING box in the entrance or mail to:

**Norman** Treasurer  
 Tyler Odegaard  
 16799 52<sup>nd</sup> St SE  
 Kindred, ND 58051

## AUTHORIZATION FORM

Name of the organization: **Norman Lutheran Church**

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>	
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Building <input type="checkbox"/> _____	AMOUNTS: \$ _____ \$ _____ \$ _____  Total \$ _____
<b>CHECKING / SAVINGS</b>	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: _____ <small>           ⑆ 23456789 ⑆ 23 234567 000 ⑆            Routing Number      Account Number      Check Number         </small>
	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, please attach a voided check at the bottom of this page.**

