



First United
LUTHERAN CHURCH

A CONGREGATION OF THE NORTH AMERICAN LUTHERAN CHURCH

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AUTHORIZATION AGREEMENT FOR AUTOMATIC ELECTRONIC WITHDRAWAL OF FUNDS

Name(s) on Bank Account (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

I Want To (check one):

NEW

Start Automatic Withdrawal of Funds

UPDATE

Update Name/Address

Update Financial Institution Information

Update Contribution Information

Discontinue Automatic Withdrawal of Funds

Please Debit My Ongoing Contribution from (check one):

Checking Account – *attach a voided check*

Savings Account – *attach a savings deposit slip*

Debit Card

Card # _____

CVS (3-digit code from back of card) _____

Expiration date _____

Contribution Information (Please indicate your contribution amount and frequency):

Amount Each Period

\$ _____

Weekly - debited on Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, or Sunday (please circle one)

Biweekly - debited on Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, or Sunday (please circle one)

Do you want to cover the processing fees?

Semimonthly - Debited on the 1st and the 15th

Yes

Monthly - Please indicate date: _____

No

Please make my ongoing contribution effective _____ (date of first contribution).

I authorize **First United Evangelical Lutheran Church and Tithe.ly** to process electronic debit entries from my account according to the contribution information above. At any time, without notification, First United Evangelical Lutheran Church or Tithe.ly may change the process or institutions that handle contributions. I understand that this authorization will remain in effect until which time I provide reasonable notification of its termination, with a maximum of 30 days processing period. I understand that I am responsible for communicating this contribution to any and all parties with interest in the above listed account and for maintaining the above listed account balance for automatic, recurring deductions and I assume all fees, deductions or costs pertaining to insufficient funds or transfer errors. I hold harmless the above institutions in the event of breaches or other unforeseen incidentals. If applicable, I have attached a voided check or savings deposit slip.

Authorized Signature: _____ Date: _____