

AUTOMATIC TRANSFER AUTHORIZATION

THIS IS A NEW TRANSFER

THIS IS A CHANGE TO AN EXISTING TRANSFER

I authorize McFarland Lutheran Church

to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

NAME OF FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP CODE _____

NAME (please print) _____

ADDRESS (please print) _____

Account Number _____ Financial Institution Routing Number _____

(9 digit number between these symbols I: I: on the bottom left of your check. Please do not use the numbers show on deposit slips)

Account Type Checking
 Savings

First Payment Date _____ Payment Amount \$ _____

Payment Frequency _____ (ex: weekly, monthly, bi-monthly)

Weekly Transfers = Every Monday

Monthly Transfers = 1st or 15th

Bi-Monthly = 1st & 15th

Signature

Date Signed _____

PLEASE RETAIN A COPY FOR YOUR RECORDS

PLEASE CONTACT MCFARLAND LUTHERAN CHURCH TO CHANGE OR CANCEL PAYMENT(S)

PLEASE SEND A COMPLETED, SIGNED COPY TO:

McFarland Lutheran Church
Attention: Rita Jenkins
5529 Marsh Road, McFarland, WI 53558
Fax: (608) 838 - 7207
Phone: (608) 838 - 3184