



# Recurring Donation Authorization Form

## Building for the Future Campaign



Accepted. Challenged. Sent.

PO Box 355, Prospect, PA 16052

(724) 865-2161

www.lutherlyn.com

### MONTHLY/QUARTERLY RECURRING DONATIONS AUTHORIZATION FORM

		Effective date of authorization: ____/____/____				
Last Name			First Name			
Address						
City				State	Zip	
Email Address						
<b>Date of first donation:</b> ____/____/____  <b>Date of last donation (optional):</b> ____/____/____		<b>Frequency of donation:</b> (please check one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Quarterly (Jan., Apr., Jul., Oct.)  <b>Amount of each donation:</b> \$ _____		Please debit my donation from my: <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account <input type="checkbox"/> Credit/Debit Card		
CHECKING / SAVINGS or CREDIT / DEBIT	<b>FOR CREDIT / DEBIT ACCOUNT TRANSACTIONS:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Name on Card: _____  Card Number: _____  Expiration Date: ____/____ Security Code: _____			<b>FOR CHECKING / SAVINGS ACCOUNT TRANSACTIONS:</b> Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  <div style="text-align: center;"> </div>		
	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: _____						

**Return Completed form to: Lutherlyn – PO Box 355 – Prospect, PA 16052**



A MINISTRY OF THE WESTERN PENNSYLVANIA SYNODS OF  
THE EVANGELICAL LUTHERAN CHURCH IN AMERICA

