**Crow River Lutheran Church**

**Authorization Agreement for Automatic Offertory Payments**

**(Ach Debits)**

**How will Automatic Payments for Offertory benefit you?**

* No more checks to write
* Can be changed or temporarily altered at any time
* You won’t have to worry about missing a Sunday offering when you are on vacation, at a wedding etc.

**How will Automatic Payments for Offertory benefit Crow River?**

* Consistent payment of offering will help us meet our annual budget
* Less time needed to count money
* Easier and more accurate record keeping of offerings
* Even when you are away from Crow River for a weekend, *your* parish will receive the necessary funding needed for the expenses

**Please fill out the information below**

**And drop in the collection basket or at the Church office**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Application: 🞏**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Change Only: 🞏**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (***Please check one)*

I(we) hereby authorize Crow River Lutheran Church to initiate debit entries to my (our) **Checking** or **Savings *(circle one only)*** account in the financial institution named below:

The amount of debit from the account is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The amount will be withdrawn on the 15th of each month.

I(we) expressly agree the Crow River Lutheran Church liability under this authorization shall be limited exclusively to amounts exceeding the agreed upon amount as determined about which are negligently debited by Crow River Lutheran Church.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL CROW RIVER LUTHERAN CHURCH HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD CROW RIVER AND DEPOSITORY REASONABLE OPPORTUNITY TO ACT ON IT.

**Checking Account Debit: Please attach a voided blank check**

**Saving Account Debit: Please have your bank complete this information**

 **Transit Routing Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depository Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depository Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**