## Authorization Form for Excel in Giving

Effective date of authorizati	on:	
Type of authorization:		
□New authorization	□Change banking information	□Change donation date
□Change donation amount	☐ □ Discontinue electronic donation	1
Last Name	First Name	
Address		
City State	Zip	Phone number
Please debit my contributio	n from my: (check one)	
□Checking Account	□Savings Account	
Routing Number:(Valid routing number must	t start with 0, 1, 2, or 3)	
Account Number:		
Date of first contribution:		
Recipient: Mt. Hope Luthe	eran Church	
Frequency of contribution:		
□Weekly – specify date		
□Semi-Monthly – specify d	ate	
□Monthly – specify date		
□One time only – specify d	ate	
Special Instructions:		
Church fund designations a	and amounts:	
□General/Operating	\$	
□Other –Please specify	\$	
ıotai	\$	
	d Vanco Services, LLC to process of this authority will remain in effect un authorization.	
Signature:		Date:

Please return the completed form to Mary Heinlein, Bookkeeper.

Call if you have any questions 989.348.4350 or email: mthopebookkeeper@gmail.com.