Elk River LUTHERAN
Trusting in God's grace, an **accepting,** joyful community, **serving** God & neighbor.

Authorization Agreement
for **Direct Payments** (ACH DEBITS)

Company Name	**Company ID Number**
Elk River Lutheran Church – ELCA	27–1910102

I (We) hereby authorize Elk River Lutheran Church – ELCA to initiate debit entries to my (our) ☐ Checking Account/ ☐ Savings Account (select one) indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of U.S. law.

Financial Institution	
City	**State** **Zip**
Routing/Transit (ABA) Number	**Account Number**

Name(s) —*please print*	
Signature	**Date**

Beginning date for withdrawal _____
(mm/dd/yyyy)

Amount to be debited each month $ _____

All withdrawals will take place on the 15th of each month.
Please notify the Council Treasurer, in writing, if you wish to change the amount of your giving, or cancel this authorization.

(Please attach a voided check.)
Revised 10.10.2016