Faith Free Lutheran Church
Direct Billing Authorization

I authorize Faith Free Lutheran Church to initiate electronic debit entries and, if necessary, credit entries and adjustments for any debit entries in error each billing day to my:

Please circle one

Checking Account Savings Account Other: _____

Recurring Debit ____ One-time Debit ____

Date(s) and/or frequency of debit(s): Each month (circle one or both) on the 15th and/or 30th

Authorized Debit Amount $ _____

I understand that this authority will remain in effect until I cancel it in writing.

Name (Please Print)	**Financial Institution**
Signature	**Office or Branch**
Date	**City, State**

Transit/Routing (ABA) No.	**Account Number**

Please attach your voided check or savings deposit to the bottom of this page.