

ELECTRONIC GIVING - GIVE SIMPLY

Mail to:
Treasurer
Faith Lutheran Church
143 Washington St., Oregon, WI 53575



I authorize Faith Evangelical Lutheran Church Oregon, WI to initiate withdrawal entries to my Checking/Savings (circle one) account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3-days before my account is charged.

_____ (Financial institution) _____ (Branch)

_____ (address)

_____ (City) _____ (State) _____ (Zip Code)

_____ (Signature)

_____ (Printed Name)

_____ (account Number) _____ (Routing Number)

\$ _____ (*monthly* amount) **1st** **5th** **10th** (Day of Month for Withdrawal – Circle One)