ACH AUTORHIZATION FORM

I (we) hereby authorize St. Mark Lutheran Church, to debit entries to my (our) account indicated below. I(we) acknowledge the origination of ACH transactions to my (our) account must comply with provisions of US Law.

Financial Institutional Name ____

Address ____

Routing Number ____

Account Number ____

~_~

Type of Account: __________ Checking _________ Savings

Effective Date of Transaction ____

Weekly Amount ____(Every Friday)

Semi-Monthly Amount __________________________ (1st & 15th of the month)

Monthly Amount _______________________________(1st of the month)

General Fund __________ Long Range Planning __________ Missions __________

~_~

This authorization is to remain in full force and effect until St. Mark Lutheran Church, has received written notification from je)or either o us) of its termination in such time and manner and to afford St. Mark Lutheran Church a reasonable opportunity to act on it.

Name _______________________________Name ___________________________________

Address _____________________________Address ___________________________________

Signature ____________________________Signature __________________________________

Date _________________________ Date _________________________________

~_~

Acknowledegement of receipt by St. Mark Lutheran Church

Name ____Date _____________________________

Signature____