

**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM BEFORE SUBMITTING AND RETAIN A COPY OF THE FORM FOR YOUR RECORDS.**

I (we) hereby authorize **Immanuel Lutheran Church, Hutchinson, MN**, hereinafter called **ILC**, to debit entries from my (our) account indicated below at the Financial Institution named below. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of US Law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Bank Address) (City, State) (Zip)

\_\_\_\_\_  
(Routing/Transit Number) (Account Number)

Type of Account: \_\_\_\_\_Checking \_\_\_\_\_Savings – contact your bank for routing number

Amount: 15<sup>th</sup> of Month: \_\_\_\_\_ 30<sup>th</sup> of Month: \_\_\_\_\_

Designation:  
Budget: \_\_\_\_\_ Budget: \_\_\_\_\_

Missions: \_\_\_\_\_ Missions: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

**This authorization is to remain in effect until ILC has received written notification from me (or either of us) of its termination in such time and manner as to afford ILC a reasonable opportunity to act on it. (Minimum of 1 week prior to the date of withdrawal.)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Envelope Number: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Signature)

**Submit Form To:**  
Eileen Prieve, Bookkeeper  
Immanuel Lutheran Church  
20882 Walden Ave  
Hutchinson, MN 55350