



AUTOMATED GIVING PLAN
Through Lutheran Credit Union of America

AUTHORIZATION FOR ELECTRONIC TRANSFER OF DONATIONS

Name of Organization: Celebration Lutheran Church, 2500 Shaw Rd., Puyallup, WA 98374
Church's Federal ID Number: 91-1138686

I (we) hereby authorize Lutheran Credit Union of America (LCUA) on behalf of Celebration Lutheran Church, to initiate debit entries to my (our) account indicated below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name _____

Address _____
Street City State Zip

Phone _____ Fax _____ Email _____

Name of Financial Institution _____

Address _____
Street City State Zip

Financial Institution Routing Number _____ Account Number _____
(Between these symbols I: I: on the bottom left of check)

This authorization is to remain in full force and effect until Celebration Lutheran Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LCUA and your financial institution a reasonable opportunity to act on it.

Please deduct \$ _____ Start Date ___/___/___
_____ On the 1st of each month * (Check one)
_____ On the 1st & 15th of every month *
_____ Weekly on _____ *
_____ monthly on the _____ *

Authorized Account Signature _____
Date

PLEASE attach
A voided check or deposit slip here

(* If the scheduled withdrawal date is a weekend or holiday, the withdrawal will be made on the next business day.)