DECORAH COVENANT CHURCH

Automatic Withdrawal Form

ACH debit authorization-- Effective date of authorization: _____/_____/_____

Type of Authorization: ☐ **New authorization** ☐ **Change banking information**

☐ **Change donation amount** ☐ **Discontinue electronic donation**

☐ **Change donation date**

Name: _____ **Address:** _____

Email Address: _____

Date of first donation: _____ Date of last donation (if applicable): _____

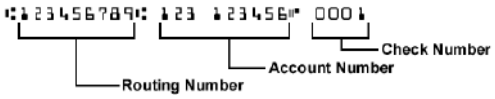
Frequency of gift: ☐ **Weekly on Monday**

☐ **Semi-monthly (on the 1st and the 15th of each month)**

☐ **Monthly on the 1st**

☐ **Monthly on the 15th**

Please debit my donation from (check one): ☐ **Savings Account** ☐ **Checking Account**



Routing Number: _____

Account Number: _____

☐ **General Fund (budgetary expenses)** $ _____

☐ **Benevolence Fund** $ _____

Total: $ _____

I authorize Decorah Covenant Church and Decorah Bank & Trust to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please retain a paper copy of this authorization for your records.
For any questions about this form or automatic giving, please talk to Cy or Mona Nelson, or send email to dcctreasurer@gmail.com.