DECORAH COVENANT
CHURCH

AUTOMATIC WITHDRAWAL FORM

ACH debit authorization-- Effective date of authorization: _____

Type of Authorization:
- ☐ **New authorization**
- ☐ **Change donation amount**
- ☐ **Change donation date**
- ☐ **Change banking information**
- ☐ **Discontinue electronic donation**

Name: _____ **Address:** _____

Email: _____

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

Frequency of gift:
- ☐ **Weekly on Monday**
- ☐ **Semi-monthly (on the 1st and 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 DCC Treasurers Cy & Mona Nelson, or send an email to treasurer@decorahcovenant.org.