



Authorization Agreement for Direct Payments (ACH Debits) to Donate to Lord of the Mountains Lutheran Church

Mail this completed form to: Lord of the Mountains, PO Box 1059, Dillon, CO 80435; or leave in an envelope at the church office addressed "Attention: Church Treasurer"; or scan and email to lotm@lordofthemountains.org. If you have any questions, please call 970-468-6809.

Name(s): _____

I (We) herby authorize **Lord of the Mountains Lutheran Church**, hereinafter called LOTM, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, 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 provision of U.S. law.

I (We) herby authorize LOTM to charge, once a month \$_____, to the account listed below. I (We) understand that the transaction will be processed around the 15th of each month.

DEPOSITORY (Bank) Information

Name of Bank: _____ Branch: _____

City: _____ State: _____ Zip code: _____

Routing #: _____ Account #: _____

This authorization is to remain in full force and effect until LOTM has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LOTM and DEPOSITORY a reasonable amount of time to act upon it.

Account Signers:

Name: _____ Date: _____ Signature: _____
(Please Print)

Name: _____ Date: _____ Signature: _____
(Please Print)

Phone number: _____