

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the following banking institution:

_____ to initiate entries to my checking account.
This authority will remain in effect until I notify them in writing to cancel it. I can stop payments of any entry by notifying the above-named bank 3 days prior to my account being charged.

Name on Account: _____

Account # to be debited: _____

Bank Name: _____

Routing #: _____

Amount to be debited: _____

Name of account deposited to: _____

Account # to be credited: _____

Bank Name and Routing #: Farmer's State Bank

Bank Address and Phone: 110 Main St. Underwood, MN 56586
218-826-6112

The above debited amount is to be paid on the _____ day of each month, beginning on _____.

The purpose for the direct payment is: **Offering for General Fund to Sverdrup Lutheran Church.**

Signature: _____

Date: _____