

**AUTHORIZATION FORM**

**St. Lucas Lutheran Church and School**  
**PO Box 44 1417 Parkview Drive, Kewaskum, WI**  
**262-626-2680 [www.stlucaswels.org](http://www.stlucaswels.org)**

*Please fill out this form to authorize St. Lucas Church and School of Kewaskum, Wisconsin to automatically withdraw church offerings or school tuition and fees.*

Effective date of authorization: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Type of authorization:       New Authorization    Change Payment Amount    Change payment date  
    Change Banking Information       Discontinue Electronic Payment

**CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Offering Envelope # \_\_\_\_\_  
*(Not needed for school fees. Please contact the office if you need a number or cannot remember yours.)*

**CHURCH OFFERING PAYMENT FREQUENCY, AMMOUNT & FUND DESIGNATION**

Payment Frequency:    One-Time    Weekly    Monthly    Annually  
    Other \_\_\_\_\_

Weekly withdrawals will take place on Monday of every week.

If monthly, please select if the withdrawal should take place on the \_\_\_\_\_ 1<sup>st</sup> or the \_\_\_\_\_ 15<sup>th</sup>

If annually, please indicate the annual month and day for your withdrawal. \_\_\_\_\_/\_\_\_\_\_

Please list the amounts you would like withdrawn for the funds listed below at this frequency you selected.  
If you would like to give specific gifts at different frequencies, please indicate your desires in the note section below.

General Fund \_\_\_\_\_

Building Fund \_\_\_\_\_

Debt Reduction Fund \_\_\_\_\_

Cemetery Fund \_\_\_\_\_

**Total withdrawal per selected frequency:** \_\_\_\_\_

Notes:

## SCHOOL TUITION AND FEES MONTHLY PAYMET PLANS

For school tuition and fees, please list the amount you agree to have withdrawn on either a 6 month or 9 month plan. The first withdrawal will take place in September of this school year.

6 Month Plan \_\_\_\_\_

9 Month Plan \_\_\_\_\_

Please select if the withdrawal should take place on the \_\_\_\_ 1<sup>st</sup> or the \_\_\_\_ 15<sup>th</sup>

## CHECKING OR SAVINGS ACCOUNT INFORMATION

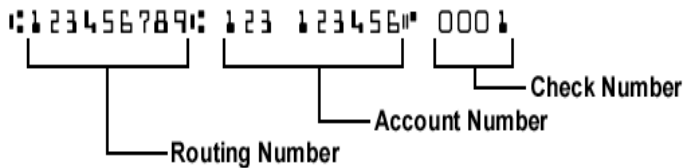
\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Bank Name \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_



I authorize the above organization 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: \_\_\_\_\_

## CREDIT CARD INFORMATION

*We cannot accept credit cards for school tuition and fees.*

Card Type: \_\_\_\_\_ Visa      \_\_\_\_\_ Mater Card      \_\_\_\_\_ American Express      \_\_\_\_\_ Discover Card

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (If Different From Above)

\_\_\_\_\_

\_\_\_\_\_

I authorize the above organization to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): \_\_\_\_\_ Date: \_\_\_\_\_