

## EMMANUEL LUTHERAN CHURCH

P.O. BOX 119 ABERCROMBIE, ND 58001



l,	(print name), hereby authorize Emmanuel
Lutheran Church, Abercrombie, I	North Dakota, to make the following transfer of funds from an
account owned by me as set fort	h below:
Bank Name:	Bank Routing Number:
Account Name:	Account #
to the checking account of Emma	anuel Lutheran Church held at Vantage Bank in Kent,
Minnesota, in the amount of \$	, on a monthly basis occurring the 5th
of each month beginning on	(date) and continuing until this
agreement is terminated in writi	ng by either myself or Emmanuel Lutheran Church.
Termination will occur within 10	days after receipt of notice to do so.
Authorizing Signature	 Date

**Please attach a copy of a VOIDED check** and mail to Treasurer, Emmanuel Church, P.O. Box 119, Abercrombie, ND 58001.