



**“e-Offering”
AUTOMATED GIVING PLAN
Through Thrivent Federal Credit Union**

AUTHORIZATION FOR ELECTRONIC TRANSFER OF DONATIONS

Name of Organization: The Lutheran Church of the Incarnation, 16889 Espola Rd, Poway, CA 92064
Federal ID Number: 95-2504484

Name _____

Address _____
Street City State Zip

Phone _____ Fax _____ Email _____

Name of Financial Institution to be debited _____

Financial Institution Routing Number
(Between these symbols **I: I:** on the bottom left of check)

Account Number

Please deduct \$ _____

_____ On the 1st of each month * (Check one)

_____ On the 1st & 15th of every month *

Start Date ____/____/____

_____ Weekly on _____ *

_____ Monthly on the _____ *

Authorized Account Signature _____

Date

I (we) hereby authorize Thrivent Federal Credit Union on behalf of The Lutheran Church of the Incarnation to initiate debit entries to my (our) account indicated below at the depository financial institution named above, hereafter 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. This authorization is to remain in full force and effect until The Lutheran Church of the Incarnation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Lutheran Church of the Incarnation and DEPOSITORY a reasonable opportunity to act on it.

ATTACH VOIDED CHECK HERE

(* If the scheduled withdrawal date is a weekend or holiday, the withdrawal will be made on the next business day.)