Gift amount \$	
Check the date(s) you want the <u>above</u> <u>amount</u> to be deducted)	
5th of each month	
19th of each month	
If this date falls on a Saturday, Sunday or bank holiday, this transfer will be made automatically on the following business day.	
For financial statements, please specify for which purpose you would like your gifts designated.	
Ongoing Ministries \$ (includes General, Building & Mission funds)	
Capital Projects Account \$	

To change your ACH/Direct Deposit Giving, please notify Hosanna's Finance Office ten (10) days before your next regularly scheduled debit date.

Thank you!



Please complete this form and return it to Hosanna Lutheran Church. Thank you.



9300 Scandia Trail North Forest Lake, MN 55025

www.hosannaforestlake.net

651-464-5502



Hosanna Lutheran Church

Direct Deposit Giving Form



Authorization for Direct Deposit Giving

I authorize Hosanna Lutheran Church and the financial institution named below to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Hosanna's Financial Institution:

Security State Bank of Marine 120 Judd Street P.O. Box 35 Marine on St. Croix, MN 55047

Name on Account (please print):	When will I begin?
Street	
City	On,
State Zip Code	(beginning date) I authorize Security State Bank of Marine, 120
Below please include the account number from which you want your offerings deducted. For a checking account, please attach a voided check. For a savings account, please attach a savings deposit slip. Name of Financial Institution:	Judd Street, Marine on St. Croix, MN 55047 on behalf of Hosanna Lutheran Church, 9300 Scandia Trail North, Forest Lake, MN 55025, to initiate electronic entries (ACH) to my checking or savings account and have agreed to the terms listed on this authorization. I may revoke my authorization with the church as any time by writing to the address below. Since some choose to have their gifts deducted at different times of the month, please fill
Type of Account:	
Account Number:	out the pattern you wish to follow on the next page.
Financial Institution Routing Number:	
Signature of Accountholder:	
Date	Mailing Address: Hosanna Lutheran Church
	9300 Scandia Trail North Forest Lake, MN 55025-9187
Subscribed and sworn before me on this day of	For further information, contact our finance office. finance@hosannaforestlake.net

(Notary Public)