

Mount Olivet's Automatic Payment Program

a commitment in giving



Authorization Effective/Start Date _____

Last Name _____

First Name _____

Address _____

City, State & Zip _____

I (we) would like my (our) transactions: Please check one.

- Semi-monthly (will be transferred on the 1st and 15th of each month)
- Monthly (will be transferred either the 1st or the 15th of each month). Please circle which date.

To convert your weekly pledge to a semi-monthly or monthly amount, multiply the weekly amount by 52 and then divide that total by 24 for semi-monthly or 12 for the monthly amount.

My (our) Fund Designation Amounts will be as follows:

Current Expense & Benevolence	\$ _____	
Mount Olivet Retreat Center	\$ _____	
Community Concern	\$ _____	
Special Gift (Monthly)	\$ _____	Apply To _____
Transaction Total	\$ 	

Please take my (our) contribution directly from my (our): Checking Account Savings Account

Routing # _____ Account # _____

I (we) authorize Mount Olivet Lutheran Church to automatically withdraw contributions from this account. Attached is a voided check or savings deposit slip. This authority will remain in effect until reasonable written (or email) notification to cancel this authorization is given to the Mount Olivet Finance Office. A new form must be completed to change any part of this authorization.

Authorized Signature _____ Date _____

Please attach a voided check (NOT a Deposit slip) or savings deposit slip. Note: Monthly envelopes will be sent only at your request.

Return form to:

Mount Olivet Minneapolis Campus
5025 Knox Avenue South
Minneapolis, MN 55419-1095

Mount Olivet West Campus
7150 Rolling Acres Road
P.O. Box 153
Victoria, MN 55386

If you have questions, call Deanne Nelson at the Mount Olivet Finance Office, 612-767-2255. Thank you.

For Mount Olivet Use Only: FUN#	Envelope#	Date
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