AUTHORIZATION AGREEMENT FOR ACH DEBITS

This form helps you set up convenient and secure recurring donations from your bank account to Latvian Evangelical Lutheran Church and to support our Latvian community.

PART 1: Donor Contact Information

_____ Donor Full Name (First, Middle Initial, Last)

_____ Organization Name (if applicable)

_____ Phone

_____ Email

_____ Address (no P.O. Box)

_____ City

_____ State

_____ ZIP Code

PART 2: Designated Donation Category

☐ Baznīcas ēkas uzturēšanai – Church Building maintenance and Repairs **$**_____

☐ Nodeva vai citi ziedojumi draudzei – Dues and support for the Congregation **$**_____

☐ Citi – Other specific events, groups, purposes: _____ **$**____

PART 3: Donation Details

Total donation amount: **$**_____ Donation start date: _____

Donation Frequency: ☐ One-time ☐ Weekly ☐ BI-Weekly ☐ Monthly ☐ Annually

PART 3: Bank Information for ACH Withdrawals

Name of financial institution: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking ☐ Savings

PART 4: Terms and Conditions

I authorize Latvian Credit Union to make automatic debit transfers from my designated Savings or Checking account. I agree to keep sufficient funds available and understand that returned items may result in applicable fees.
All ACH transactions must comply with U.S. law and ACH rules, and I acknowledge that ACH credits are provisional until final settlement. I am responsible for any delays or losses caused by incorrect information I provide.
Any new requests, changes, or cancellations must be submitted in writing at least three (3) business days before the next scheduled transfer. This authorization remains in effect until I provide written notice of cancellation or change.

By signing below, I agree to the terms of this ACH Origination Authorization.

_____ Donor Signature

_____ Date