



ACH PARTICIPANT AUTHORIZATION
ASSOCIATION OF FREE LUTHERAN CONGREGATIONS MISSIONS CORP.
 3110 E. Medicine Lake Blvd.
 Minneapolis, MN 55441 763-545-5631

AUTHORIZATION AGREEMENT - FOR PRE ARRANGED PAYMENTS (ACH DEBITS)

NAME:

OFFICE USE ONLY

Account Number:

The undersigned, hereinafter called the PARTICIPANT, hereby authorizes: (1) Klein Bank*, to initiate debit entries to the participant's Checking/Savings account in the amount and frequency indicated below and (2) the company ministry named below, to receive credit in such amount to such account.

DEPOSITORY NAME (donors bank name)	BANK ADDRESS	BRANCH
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DONOR'S NAME	DONOR'S PHONE NUMBER ()	ROUTING/ABA NUMBER
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CHECKING ACCOUNT NO.	SAVINGS (OR) ACCOUNT NO.	BANK PHONE NO. ()
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AMOUNT TO BE DEBITED		DATE TO BE DEBITED MONTHLY ON (circle day of month) 1 st 15 th
FOR	AMOUNT	
		(Please attach a copy of Voided Check to this form.)
TOTAL		

This authorization is to remain in full force and effect until AFLC Missions or the participant have given written notification to Klein Bank* of its termination in such time and in such manner as to afford Klein Bank* a reasonable opportunity to act. The undersigned has the right to stop payment on a debit entry by notification to Klein Bank within 10 business days of the date of the next transfer. AFLC Missions is subject to all fees and conditions outlined in the Electronic Funds Transfer agreement and service fee brochure previously received and available upon request from Klein Bank.

Note: If debit date occurs on holiday/weekend, account will be debited on next business day.

DONOR'S NAME (PRINTED)	SIGNATURE
MISSION'S DIRECTOR OFFICE USE	SIGNATURE
Klein Bank BY:	SIGNATURE

*Contact Information for Klein Bank, PO Box 487 Chaska, MN 55318 - Phone 888-553-4648