



Lutheran Social Services of Illinois

1001 E. Touhy Avenue, Suite 50, Des Plaines, Illinois 60018

Authorization Agreement for Direct Gift Payments (ACH Debits)

Total gift amount must be \$250.00 or greater.

Donor(s) Name
PRINT NAME

Total Gift Amount
\$

Donor(s) Address
STREET

Donor(s) Address
CITY STATE ZIP

I (we) hereby authorize Lutheran Social Services of Illinois OR The Cornerstone Foundation, Inc., hereinafter called COMPANY, to initiate ____monthly (not to exceed 12) entries in the amount of \$_____to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below hereafter call 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. (Please attach a voided check showing your account number and bank transit routing number.)

Depository Name

Branch

Transit Routing Number

Bank Account Number

Address
CITY STATE ZIP

This authorization is to remain in full force and effect until COMPANY has received the entire gift indicated above or has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand that it is my (our) responsibility to maintain the designated account as open and adequately funded to prevent rejected or returned entries.

Name(s)
PLEASE PRINT

Name(s)
PLEASE PRINT

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

NOTE: Please return this signed and dated form to the attention of Linda Wilberg at Lutheran Social Services of Illinois, 1001 East Touhy Avenue Suite 50, Des Plaines, IL 60018. For questions, please call Linda Wilberg at 847/635-4638.