



MEMBER ENROLLMENT and AUTHORIZATION for RLC DIRECT-GIVING	
To: Resurrection Lutheran Church, 9300 Jason Avenue NE, Monticello, MN 55362 Phone: 763/271-4343 Fax: 763/271-4345 E-mail: terickson@resurrection-mn.com	
Member Last Name	First Name
Street Address	
City/State/Zip	
Daytime Phone:	E-mail

CONTRIBUTION INFORMATION	
General Contribution Amount \$ _____	
Mortgage Contribution Amount\$ _____	
Other Contribution Amount (ie food, devotionals, compassion) \$ _____	
Schedule:	
_____ Weekly on Monday	_____ Weekly on Friday
_____ Semi-Monthly (1 st & 15 th)	
_____ Monthly on the 1st	_____ Monthly on the 15th

ACCOUNT INFORMATION	
Account Number:	
Routing Transit Number:	
Please attach a voided check to this form.	

AUTHORIZATION INFORMATION	
By signing below, I authorize Resurrection Lutheran Church to automatically withdraw my contributions as listed above.	
Signature:	
Effective:	