



STATE BANK OF COKATO

101 EAST THIRD STREET
COKATO, MINNESOTA 55321
(320) 286-2146



I (We) hereby authorize State Bank of Cokato to initiate debit entries to my (our) account monthly or bi-monthly as indicated below and deposit the amount specified into the account of Elim Mission Church:

Financial Institution Name: _____

Routing Number: _____

Account Holder: _____

Account Number: _____

Amount of Payment: \$ _____

Processing date(s): 15th of month 30th of month
(Circle one or both, if desired)

Date payment is to begin: _____

Date payment is to stop: _____

Unless indicated above this authorization will remain in place until account holder has requested cancellation in writing.

Signature: _____ Date _____

PLEASE ATTACH A COPY OF A VOIDED CHECK