

ONLY COMPLETE THIS FORM IF THERE IS NEW INFORMATION

AUTHORIZATION FORM

First Congregational Church

UCC82540

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: January 1, 2018	
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Type of Authorization Form:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation
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Last Name	First Name
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Address

City	State	Zip
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Email Address

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
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DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FIRST CONGREGATIONAL CHURCH AMOUNT:
January 1, 2018	<input type="checkbox"/> Monthly on the 1st\	TOTAL \$ _____

AGREEMENT
I authorize the above church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please attach voided check here.