

AUTHORIZATION FORM

First Congregational Church

UCC862180

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
-----------	------------

Address

City	State	Zip
------	-------	-----

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: _____ <small> 4444 4444 4444 4444 4444 4444 4444 4444 4444 4444 Routing Number Account Number Check Number </small>
---	--

CHURCH FUNDS AND AMOUNTS:	FREQUENCY OF DONATION:	DATE OF FIRST CONTRIBUTION:
<input type="checkbox"/> General Fund \$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	____/____/____
<input type="checkbox"/> OCWM (Our Church's Wider Mission) \$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	____/____/____
<input type="checkbox"/> Advent Offering \$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	____/____/____
<input type="checkbox"/> Lenten Offering \$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	____/____/____
<input type="checkbox"/> Maintenance Fund \$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	____/____/____
<input type="checkbox"/> Restoration Fund \$ _____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	____/____/____

ANNUAL CONTRIBUTIONS:

<input type="checkbox"/> Easter Offering	\$ _____	One-time transfer on April 1 st
<input type="checkbox"/> Christmas Offering	\$ _____	One-time transfer on December 15 th
<input type="checkbox"/> Neighbors in Need	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> One Great Hour of Sharing	\$ _____	Date to be transferred ____/____/____
<input type="checkbox"/> Christmas Fund (Veterans of the Cross)	\$ _____	Date to be transferred ____/____/____

AGREEMENT

I authorize the above church and Vanco Services, LLC 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: _____