

# AUTHORIZATION FORM

The First Church of Christ

UCC080780

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
Email Address		
Please debit my donation from my: (check one)		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		<b>Valid Routing # must start with 0, 1, 2, or 3</b>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		<small>           ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 1            Routing Number      Account Number      Check Number         </small>
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check one)	DESIGNATED AMOUNT:
	<input type="checkbox"/> Monthly on the 1 <sup>st</sup>	<input type="checkbox"/> Monthly Donation      \$ _____
	<input type="checkbox"/> Monthly on the 15 <sup>th</sup>	
<b>AGREEMENT</b>		
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.*

**UNITED CHURCH  
OF CHRIST**

