

AUTHORIZATION FORM

UCC082340

First Congregational Church of Stratford

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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"/> Change donation date	<input type="checkbox"/> Discontinue electronic donation	
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)		<i>Valid Routing # must start with 0, 1, 2, or 3</i>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		<small> 41234567890 123 456789 0001 └─── Routing Number ───┬─── Account Number ──┬─── Check Number </small>
DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION: (check only one)	FUNDS AND AMOUNTS:
	<input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Semi-monthly on the 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	<input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> _____ \$ _____ <div style="text-align: right;">Total \$ _____</div>
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.