AUTHORIZATION FORM

First Congregational Church of Stratford

UCC082340

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:
❑ New Authorization
❑ Change donation amount
❑ Change donation date
❑ Change banking information
❑ Discontinue electronic donation

Last Name	First Name

Address

City	State	Zip

Email Address

Please debit my donation from my (check one):

❑ Checking Account (attach a voided check below)

❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑈123456789⑈ ⑆23 123456⑈ 0001
Check Number
Account Number
Routing Number

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION: (check only one)
❑ Weekly on Mondays
❑ Semi-monthly on the 1st and 15th
❑ Monthly on the 1st
❑ Monthly on the 15th

FUNDS AND AMOUNTS:
❑ General/Operating $_____
❑ Building $_____
❑ _____ $_____

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.