

Electronic Donation Service

Contributor Information

Your Name _____ Phone # _____

(as it appears on your bank account)

Address _____

City _____ State _____ Zip _____

Financial Information

Financial Institution Name _____

Branch _____ Phone Number _____

Routing # _____ Account # _____

Address _____ Account is a _____ Checking _____
Savings

City _____ State _____ Zip _____

Contribution Method

Please deduct \$ _____ from my _____ Checking _____ Savings

The amount you designate will be withdrawn on the 20th of each month.

Authorization

I hereby authorize First United Church of Christ, Inc. to deduct my donation(s), on a monthly basis, from the account(s) listed above. I understand that I control my donations, and I will notify you if at any time I decide that I want to discontinue the Electronic Donation Service. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date: _____ Signature: _____