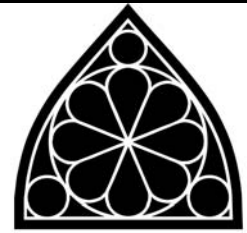


# Electronic Giving Authorization Form



**FIRST UNITED CHURCH OF CHRIST**  
**300 UNION STREET**  
**NORTHFIELD, MN 55057**  
**507-645-7532**

**UCC361200**

FIRST UNITED  
 CHURCH of CHRIST  
 Northfield · Minnesota

Type of Authorization Form:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change donation date(s) or frequency
<input type="checkbox"/> Renewal of existing account	<input type="checkbox"/> Change banking/credit card account information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

<p><b>Date of first donation:</b>                  ____ / ____ / ____</p> <p><b>Date of last donation (optional):</b>                  ____ / ____ / ____</p>	<p><b>Frequency of donation:</b></p> <p><input type="checkbox"/> Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup></p> <p><input type="checkbox"/> Monthly on the 1<sup>st</sup></p> <p><input type="checkbox"/> Monthly on the 15<sup>th</sup></p> <p><input type="checkbox"/> Quarterly (Jan 15<sup>th</sup>, April 15<sup>th</sup>, July 15<sup>th</sup>, Oct. 15<sup>th</sup>)</p>	<p><b>Church fund designations and amounts:</b></p> <p><input type="checkbox"/> 2012 Local Operations \$ _____</p> <p><input type="checkbox"/> 2012 OCWM (Our Church's Wider Mission) \$ _____</p> <p style="text-align: right;"><b>Total Local/OCWM \$ _____</b></p>
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**Special Collections in 2012:**

<input type="checkbox"/> Minnesota Food Share	\$ _____	Debited on March 15 <sup>th</sup>
<input type="checkbox"/> One Great Hour of Sharing	\$ _____	Debited on April 15 <sup>th</sup>
<input type="checkbox"/> Strengthen the Church	\$ _____	Debited on August 15 <sup>th</sup>
<input type="checkbox"/> Neighbors in Need	\$ _____	Debited on October 15 <sup>th</sup>
<input type="checkbox"/> The Christmas Eve Offering	\$ _____	Debited on December 15 <sup>th</sup>

Optional – Pay an additional 2.75% to defray credit card processing fees \$ \_\_\_\_\_

**CREDIT CARD**

Please charge my donation to my (check one):  Visa  MasterCard  American Express  Discover Card

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

I authorize the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKING / SAVINGS**

Please debit my donation from my (check one):

Savings Account (contact your financial institution for Routing #)

Checking Account (attach a voided check to this form)

Routing Number: \_\_\_\_\_  
**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_

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: \_\_\_\_\_