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:

- ❑ New authorization
- ❑ Renewal of existing account
- ❑ Change donation amount
- ❑ Change donation date(s) or frequency
- ❑ Change banking/credit card account information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address		

Date of first donation:

_____/_____/_____

Date of last donation (optional):

_____/_____/_____

Frequency of donation:

- ❑ Semi-Monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Quarterly (Jan 15th, April 15th, July 15th, Oct. 15th)

Church fund designations and amounts:

- ❑ 2010 Local Operations $ _____
- ❑ 2010 OCWM (Our Church's Wider Mission) $ _____

Total Local/OCWM $ _____

Special Collections in 2010:

❑ Minnesota Food Share	$_____	Debited on March 15th
❑ One Great Hour of Sharing	$_____	Debited on April 15th
❑ Strengthen the Church	$_____	Debited on August 15th
❑ Neighbors in Need	$_____	Debited on October 15th
❑ The Christmas Eve Offering	$_____	Debited on December 15th

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: _____

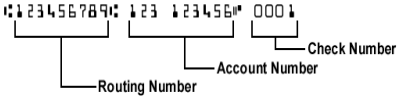
CHECKING / SAVINGS

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:_____