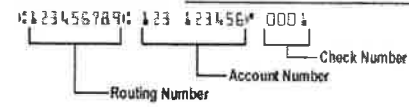


2017 ELECTRONIC GIVING AUTHORIZATION FORM

FIRST UNITED CHURCH OF CHRIST, 300 UNION STREET, NORTHFIELD, MN 55057

		DATE REC'D (OFFICE ONLY):				
Effective date of authorization: ____/____/____						
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation						
Last Name		First Name				
Address						
City		State Zip				
Email Address						
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on th 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Semi-Monthly – 1 st and 15th <input type="checkbox"/> Quarterly (Jan. 15 th , April 15 th , July 15 th , Oct. 15 th)	<table style="width:100%;"> <tr> <td style="width:50%;"> FUNDS: <input type="checkbox"/> Local 2017 <input type="checkbox"/> OCWM 2017 Total Per Transaction </td> <td style="width:50%;"> AMOUNTS: \$ _____ \$ _____ \$ _____ </td> </tr> <tr> <td colspan="2"> SPECIAL COLLECTIONS: <input type="checkbox"/> Minnesota Food Share (3/15/17) \$ _____ <input type="checkbox"/> One Great Hour of Sharing (4/15/17) \$ _____ <input type="checkbox"/> Strengthen the Church (8/15/17) \$ _____ <input type="checkbox"/> Neighbors in Need (10/15/17) \$ _____ <input type="checkbox"/> Christmas Eve Offering (12/15/17) \$ _____ </td> </tr> </table>	FUNDS: <input type="checkbox"/> Local 2017 <input type="checkbox"/> OCWM 2017 Total Per Transaction	AMOUNTS: \$ _____ \$ _____ \$ _____	SPECIAL COLLECTIONS: <input type="checkbox"/> Minnesota Food Share (3/15/17) \$ _____ <input type="checkbox"/> One Great Hour of Sharing (4/15/17) \$ _____ <input type="checkbox"/> Strengthen the Church (8/15/17) \$ _____ <input type="checkbox"/> Neighbors in Need (10/15/17) \$ _____ <input type="checkbox"/> Christmas Eve Offering (12/15/17) \$ _____	
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CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 				
	I authorize the above organization 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: _____					

*****If using a checking account, please attach a voided check to this page.*****