2018 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:

- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

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

FUNDS: **AMOUNTS:**

- ❑ Local 2018 $_____
- ❑ OCWM 2018 $_____

Total Per Transaction $_____

SPECIAL COLLECTIONS:

- ❑ Minnesota Food Share (3/15/18) $_____
- ❑ One Great Hour of Sharing (4/15/18) $_____
- ❑ Strengthen the Church (8/15/18) $_____
- ❑ Neighbors in Need (10/15/18) $_____
- ❑ Christmas Eve Offering (12/15/18) $_____

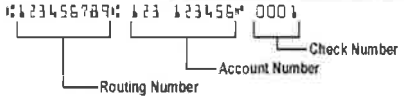
CHECKING / SAVINGS

Please debit my donation from my (check one):

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