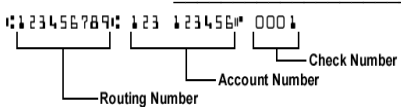


# 2022 ELECTRONIC GIVING AUTHORIZATION FORM

**FIRST UNITED CHURCH OF CHRIST, 300 UNION ST., NORTHFIELD, MN 55057**

<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation dates			
<input type="checkbox"/> Renewal of existing authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
<b>DATE OF FIRST DONATION:</b> ____ / ____ / ____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Quarterly (Jan. 15 <sup>th</sup> , April 15 <sup>th</sup> , July 15 <sup>th</sup> , Oct. 15 <sup>th</sup> )	<b>FUNDS:</b> <input type="checkbox"/> 2022 Local Operations \$ _____ <input type="checkbox"/> 2022 OCWM \$ _____ <b>TOTAL PER TRANSACTION</b> \$ _____	<b>AMOUNT:</b> _____ _____ _____ _____ _____
<b>SPECIAL COLLECTIONS IN 2021:</b> <input type="checkbox"/> Minnesota Food Share (Mar. 14) \$ _____ <input type="checkbox"/> One Great Hour of Sharing (Mar. 27) \$ _____ <input type="checkbox"/> Strengthen the Church (June 5) \$ _____ <input type="checkbox"/> Neighbors in Need (Oct. 2) \$ _____ <input type="checkbox"/> Christmas Eve Offering (Dec. 15) \$ _____			
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account ( <b>please attach a voided check</b> ) <input type="checkbox"/> <b>Cover Processing Fee (1% + \$0.25/transaction)</b>		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> 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: _____	

<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> <b>Cover Processing Fee (2.9% + \$0.30/transaction)</b>	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____ Date: _____		

***If using a checking account, please attach a voided check over the credit/debit card section above.***