

EFT AUTHORIZATION FORM FOR REGULAR OFFERING

Congregational United Church of Christ

VANCO I.D. UCC761180

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p>	<p>Routing Number: _____</p> <p><i>Valid Routing # must start with 0, 1, 2, or 3</i></p> <p>Account Number: _____</p> <p style="font-family: monospace; font-size: small;"> ⑆ 23456789 ⑆ 23 23456 000 ⑆ </p> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <div style="text-align: center;"> ⑆ 23456789 ⑆ Routing Number </div> <div style="text-align: center;"> 23 23456 Account Number </div> <div style="text-align: center;"> 000 ⑆ Check Number </div> </div>
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<p>DATE OF FIRST DONATION:</p> <p>____/____/____</p>	<p>FREQUENCY OF DONATION: (check only one)</p> <p><input type="checkbox"/> Semi-Monthly – 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p>	<p>DESIGNATED AMOUNT:</p> <p><input type="checkbox"/> General/Operating \$ _____</p>
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AGREEMENT

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: _____

