

ONLY COMPLETE THIS FORM IF THERE IS NEW INFORMATION

<b>AUTHORIZATION FORM</b>			
<b>First Congregational Church</b>	<b>UCC82540</b>		
<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>	
Type of Authorization Form:	<ul style="list-style-type: none"><li>• New Authorization</li><li>• Change donation amount</li></ul>	<ul style="list-style-type: none"><li>• Change banking information</li><li>• Discontinue electronic donation</li></ul>	
Last Name	First Name		
Address			
City	State	Zip	
Email Address			
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____		
<b>DATE OF FIRST DONATION:</b>	<b>FREQUENCY OF DONATION:</b>	<b>FIRST CONGREGATIONAL CHURCH AMOUNT:</b>	
July 1, 2023	Monthly on the 1st\	TOTAL	\$ _____
<b>AGREEMENT</b> I authorize the above church 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: _____	



**You may scan this QR code and go directly to the First Church giving page.**