

AUTHORIZATION FORM

First Christian Church

ES14877

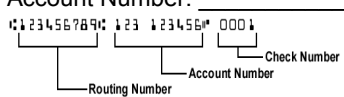
FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Please remit your Authorization Form to First Christian Church one week prior to your first donation, or the date of any changes requested.		

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	
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: _____ 
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DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUND AND AMOUNT: <input type="checkbox"/> Private Promise Offering \$ _____
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ANNUAL CONTRIBUTIONS:

<input type="checkbox"/> Initial Offering	\$ _____	Date to be transferred January 31
<input type="checkbox"/> Compassion Offering	\$ _____	Date to be transferred February 15
<input type="checkbox"/> Easter	\$ _____	Date to be transferred April 15
<input type="checkbox"/> Pentecost	\$ _____	Date to be transferred June 15
<input type="checkbox"/> Thanksgiving	\$ _____	Date to be transferred November 15
<input type="checkbox"/> Christmas	\$ _____	Date to be transferred December 15

AGREEMENT

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: _____