

# AUTHORIZATION FORM

Congregational Church of East Hampton

UCC080570

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____												
Type of Authorization Form: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> New Authorization</td> <td style="width:50%; border: none;"><input type="checkbox"/> Change banking information</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Change donation amount</td> <td style="border: none;"><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>			<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					
<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) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Checking Account (attach a voided check below)</td> <td style="width:50%; border: none;"><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</td> </tr> </table>		<input type="checkbox"/> Checking Account (attach a voided check below)	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <small>             C 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 0 0 0 1              Routing Number      Account Number      Check Number           </small>								
<input type="checkbox"/> Checking Account (attach a voided check below)	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)											
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup></td> <td style="width:50%; border: none;"><input type="checkbox"/> Monthly on the 1<sup>st</sup></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Monthly on the 15<sup>th</sup></td> <td></td> </tr> </table>	<input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup>	<input type="checkbox"/> Monthly on the 1 <sup>st</sup>	<input type="checkbox"/> Monthly on the 15 <sup>th</sup>		FUNDS AND AMOUNTS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> General Fund</td> <td style="width:50%; border: none;">\$ _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;">Total \$ _____</td> </tr> </table>	<input type="checkbox"/> General Fund	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total \$ _____	
<input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup>	<input type="checkbox"/> Monthly on the 1 <sup>st</sup>											
<input type="checkbox"/> Monthly on the 15 <sup>th</sup>												
<input type="checkbox"/> General Fund	\$ _____											
<input type="checkbox"/> Other _____	\$ _____											
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: _____										

*Please attach voided check here.*

**UNITED CHURCH  
OF CHRIST**

