2019 Electronic Funds Transfer (EFT) Authorization Form

First Congregational Church – Port Washington, Wisconsin

Type of Authorization: □ New authorization □ Change pledge amount
□ Change banking information □ Change payment frequency or dates

First Name(s)	Last Name(s)
Address	
City	State / Zip
Phone	Email

2019 PLEDGE:

$_____ annual total

START MONTH:

□ January 2019

□ _____ 2019

FREQUENCY OF PAYMENTS *(check only one)*:

□ Semi-Monthly – 1st and 3rd Mondays
24 payments of $_____

□ Monthly on the 1st Monday
12 payments of $_____

□ Monthly on the 3rd Monday
12 payments of $_____

CHECKING / SAVINGS

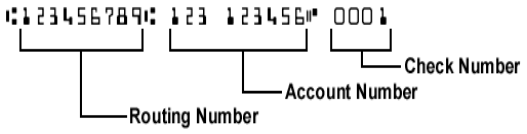
Please debit my pledge payment from my (check one):

□ Checking Account
(attach a voided check)

□ Savings Account
(contact your financial institution for routing number)

Routing Number:
_____
(Valid routing # must start with 0, 1, 2, or 3)

Account Number:
_____



I authorize First Congregational 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.

Signature: _____ Date: _____ / _____ / _____