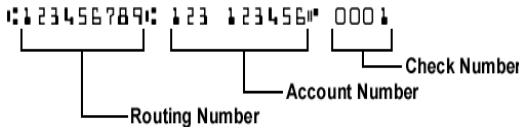


2020 Electronic Funds Transfer (EFT) Authorization Form

First Congregational Church – Port Washington, Wisconsin

Type of Authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Renewal (a new form needs to be completed each year) <input type="checkbox"/> Change pledge amount <input type="checkbox"/> Change payment frequency or dates <input type="checkbox"/> Change banking information		
First Name(s)	Last Name(s)	
Address		
City	State	Zip
Phone	Email	
2020 PLEDGE: \$ _____ annual total	FREQUENCY OF PAYMENTS <i>(check only one)</i> : <input type="checkbox"/> Semi-Monthly – 1 st and 3 rd Mondays 24 payments of \$ _____ <input type="checkbox"/> Monthly on the 1 st Monday 12 payments of \$ _____ <input type="checkbox"/> Monthly on the 3 rd Monday 12 payments of \$ _____	
START MONTH: <input type="checkbox"/> January 2020 <input type="checkbox"/> _____ 2020		
CHECKING / SAVINGS	Please debit my pledge payment from my (check one): <input type="checkbox"/> Checking Account <i>(attach a voided check)</i> <input type="checkbox"/> Savings Account <i>(contact your financial institution for routing number)</i>	Routing Number: _____ <i>(Valid routing # must start with 0, 1, 2, or 3)</i> 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: ____ / ____ / ____