# 2017 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 |

**2017 PLEDGE:**

$_____ annual total

**START MONTH:**

□ January 2017

□ _____ 2017

**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**

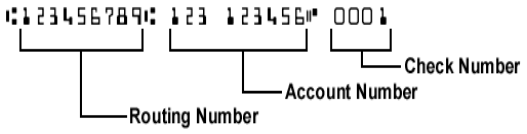
Please debit my pledge payment from my (check one):

□ 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: _____ / _____ / _____