2026 Electronic Funds Transfer (EFT) Authorization Form

First Congregational Church – Port Washington,Wisconsin

Type of Authorization:

□ New authorization

□ Renew keeping same terms
(Fill name, pledge amount, & sign)

□ Change pledge amount

□ Change banking information

□ Change payment frequency or dates

First Name(s)	Last Name(s)

Address

City	State	Zip

Phone	Email

2026 PLEDGE:

$_____ annual pledge

START MONTH:

□ January 2026

□ _____ 2026

FREQUENCY OF PAYMENTS *(check only one)*:

□ Monthly on the 1st day of each month

□ Monthly on the 15th day of each month

□ Bimonthly – 1st and 15th days of each month
(split into two equal monthly payments)

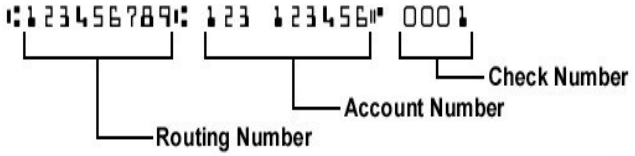
Please debit my pledge payment from my:
(check one)

□ CheckingAccount
(attach avoided 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: _____ / _____ / _____