Electronic Funds Transfer Authorization

Recipient Organization: First Congregational Church, UCC, of Farmington, Maine

Donor's Last Name Donor's First Name Mailing Address City_____ State____ Zip Code_____ Email Address Phone Frequency and Amount of Donation (choose one): ____Weekly (on Mondays) Amount \$____ ____Monthly (on the 5th) Amount \$_____ Date of First Donation ____/___ Please Note: Money will be withdrawn from your account 2 business days before Monday (if you give weekly), or 2 business days before the 5th (if you give monthly). This procedure allows *Old South* to actually receive your gift on Mondays or on the 5th of each month. Please debit my donation from my (check one): Checking Account (attach voided check over OFFICE USE ONLY section below) Savings Account (contact your financial institution for routing #) Checking or Savings Account Number: _____ Routing Number (must start with 0, 1, 2, or 3): Authorization: I authorize the First Congregational Church, UCC, of Farmington, Maine, to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to change or terminate the authorization. Authorizing Signature Date FOR OFFICE USE ONLY: Effective Date of Authorization ____/___ Donor's Envelope # _____ New Authorization Change Donation Amount Change Donation Date ____Change Banking Information ____Discontinue Electronic Donation