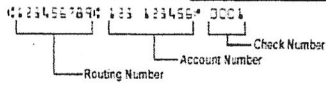


AUTHORIZATION FORM

First Congregational Church in Billerica

UCC300500

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	
<input type="checkbox"/> Change donation date		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Please debit my donation from my: (check one)		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		<i>Valid Routing # must start with 0, 1, 2, or 3</i>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		 <p>Routing Number Account Number Check Number</p>
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one)	FUNDS AND AMOUNTS:
	<input type="checkbox"/> Weekly – Friday	<input type="checkbox"/> General Fund \$ _____
	<input type="checkbox"/> Semi-Monthly – 1 st and 15 th	<input type="checkbox"/> Outreach \$ _____
	<input type="checkbox"/> Monthly on the 1 st	<input type="checkbox"/> Deacons Fund \$ _____
	<input type="checkbox"/> Monthly on the 15 th	Total \$ _____
AGREEMENT		
I authorize the above 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.		
Authorized Signature: _____		Date: _____

Please attach voided check here.

UNITED CHURCH OF CHRIST

