2021 Electronic Funds Transfer (EFT) Authorization Form
First Congregational Church
Port Washington, Wisconsin

Type of Authorization: □ New authorization □ Change pledge amount
□ Change payment frequency or dates □ Change banking information

First Name(s)	Last Name(s)
Address	
City	State / Zip
Phone	Email

2021 PLEDGE:

$_____ annual pledge

START MONTH:

□ January 2021

□ _____ 2021

FREQUENCY OF PAYMENTS *(check only one)*:

□ Monthly on the 1st day of each month

□ Monthly on the 15th day of each month

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

CHECKING / SAVINGS

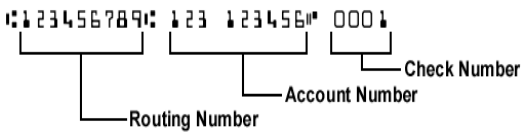
Please debit my pledge payment from my (check one):

□ 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: _____ / _____ / _____