2024 Electronic Funds Transfer (EFT) Authorization Form First Congregational Church UCC - Port Washington, Wisconsin

Type of Authorization:				□ Change pledge amount			
□ Change paymen			nent frequency or o	requency or dates Change banking information			
First Name(s) Las		ast Name(s)					
Address							
City					State	Zip	
Phone Ema			Email				
20	24 PLEDGE:						
\$ annual pledge			FREQUENC	FREQUENCY OF PAYMENTS (check only one):			
			— □ Monthly o	□ Monthly on the 1 st day of each month			
START MONTH:			□ Monthly o	□ Monthly on the 15 th day of each month			
□ January 2024				☐ Bi-Monthly — 1 st and 15 th days of each month (split into two equal monthly payments)			
□ 2024			(Spin Into				
	T			1			
CHECKING / SAVINGS	Please debit my pledge payment from (check one)			Routir	outing Number:		
			om my:	(Valid	(Valid routing # must start with 0, 1, 2, or 3)		
	□ Checking Acco		Account Number:				
	□ Savings Accou (contact your finar	outing number)	1123	234567891: 123 12345611 000 1 Check Number			
						Account Number Routing 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:/ _	/		