2025 Electronic Funds Transfer (EFT) Authorization Form First Congregational Church Port Washington, Wisconsin

	Type of Authorization: □ New authorization □ Renew keeping same to (Complete Sections 2 and 4)				□ Change pledge amountms□ Change banking information				
						hange payment frequency or dates			
INFO	First Name(s)		Last Name(s)						
PERSONAL INFO	Address								
RSO	City				State		Zip		
2	Phone Email								
AMOUNT & FREQUENCY	2025 PLEDGE:								
	\$	_ annual pledge	1			Y OF PAYMENTS (check only one):			
	START MONTH:	START MONTH:			☐ Monthly on the 1 st day of each month☐ Monthly on the 15 th day of each month☐				
	□ January 2025			□ Bimonthly – 1 st and 15 th days of each month					
		□2025			(split into two equal monthly payments)				
BANKING INFO	Please debit my pledge payment from my: (Check one)				Routing Number: (Valid routing # must start with 0, 1, 2, or 3)				
	□ Checking Account (attach a voided check)				Account Number:				
	Savings Account (contact your financial institution for routing number)				Check Number ——Account Number —Routing Number				
AUTHORIZATION	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.								
AUTHO	Signature: Date://								