

Electronic Giving Authorization Form

Yes, I would like to give electronically!

Name _____

Address _____

City, State, Zip _____

Telephone Number (_____) _____

Payment method:

____ Checking Account – attach voided check

____ Savings Account – contact bank for routing number

Frequency of contribution:

____ Weekly on Mondays

____ Bi-weekly (bi-weekly date of transfer is based on date of first contribution)

____ Monthly on the 1st

____ Monthly on the 15th

Date of first contribution: ____/____/____

Contribution Amount: \$ _____

Checking/Savings Account Information

Routing # _____ Account # _____

I authorize the First Congregational United Church of Christ, 310 Broadway Street, Eau Claire, WI 54703 and Vanco Services, LCC to debit my bank account in accordance with the information provided above. I understand this authority will remain in effect until I provide written notification to terminate the authorization.

Signature on bank account

Date

Vanco Client #UCC860650