

United Church of Christ UCC300830

**Authorization Agreement for Automatic Withdrawal of Funds**

Envelope # \_\_\_\_\_ (leave blank if not applicable)

Name on Bank Account *(please print)* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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**Choose one:**

I would like to make the following new contribution: \$ \_\_\_\_\_

Weekly - debited on Mondays)  Semimonthly - debited on the 5th and the 20<sup>th</sup>)

Monthly - debited on the 5th or the 20th (please circle one)

I authorize an increase of my current contribution by \$ \_\_\_\_\_ more

I authorize a decrease of my current contribution by \$ \_\_\_\_\_ less

Please make these changes effective \_\_\_\_\_ (date)

**For new EFT contributions only:**

**Please debit my contribution(s) from (check one):**

Checking Account (attach voided check)

Savings Account (attach savings deposit slip)

Routing Number: \_\_\_\_\_

*(Routing # is located at bottom of check between the symbols l: l:)*

Account Number: \_\_\_\_\_

I authorize Central Square Congregational Church, UCC and Vanco Services, LLC to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a \$5.00 fee automatically charged to my account for any insufficient fund (NSF) transactions. I have attached a voided check or savings deposit slip.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Return form to office along with your pledge card.  
EFT REQUESTED BUT NOT REQUIRED*