## AUTHORIZATION FORM

## St. Paul's United Church of Christ Exton

OFFICE USE ONLY	ENVELOPE/DONOR NO		DATE
Effective Date of Authorization			
	Authorization:          П New Authorization         П Discontinue electronic donation         П Discontinue electronic donation         П Change donation date         П Change donation amount         П         П         П		
Last Name		First Name	
Address			
City		State	Zip
Email Address:			
Please direct my donation from my: (check one)		Routing Number:	
Checking Account (attach a voided checking Account (attach a voided checking)	ck below)		
□ Savings Account (contact your financial institution for Routing #)		Account Number [:0123456789] I: 0123456789 001 Check Number Account Number Routing Number	
DATE OF FIRST DONATION		NATION: (CHECK ONE)	DESIGNATED AMOUNT
, ,	<ul> <li>Weekly – Monda</li> <li>Semi-Monthly –</li> </ul>	1 <sup>st</sup> and 15 <sup>th</sup>	General/Operating Fund
//	<ul><li>Monthly on the 1</li><li>Monthly on the 1</li></ul>		\$
Annual Mission Contributions (op One Great Hour of Sharing	□ \$		
Strengthen The Church Neighbors In Need	Image: Second system       \$       Transferred on June 1         Image: Second system       \$       Transferred on October 1		
The Christmas Fund	\$ Transferred on December 1		
Extra Gift for Our Church's Wider Mission	Image: Second		
I designate:	□ \$	Date To Be Transferred mo/day/	
AGREEMENT I authorize S. Paul's United Church of Christ Exton to process debit entries to my account. I understand this authority will remain in authority until I provide reasonable notification to terminate this authorization.			
Authorized Signature Date			
Please attach voided check here.			
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