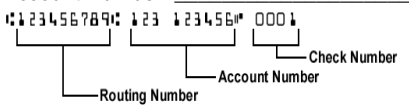


EFT AUTHORIZATION FORM

Independent United Church of Christ Lorain

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	<input type="checkbox"/> ACS <input type="checkbox"/> Vanco	
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State Zip	
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly (must be on 1 st or 15 th) <input type="checkbox"/> One Time Gift on ____/____/____	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Enduring Legacy <input type="checkbox"/> Communion <input type="checkbox"/> _____ Total Contribution	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
ANNUAL CONTRIBUTIONS			
<input type="checkbox"/> Easter offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Christmas offering \$ _____ Date to be transferred ____/____/____			
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 	
	I authorize the above organization 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. Authorized Signature: _____ Date: _____		

*If using a checking account, please attach a voided check here.
 If using a savings account, please attach a deposit slip here.*