

First Giving

PAYMENT AUTHORIZATION FORM

Church Name First Presbyterian Church	
Name on the account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information	
Bank Account Information	
Bank Name	Bank City and State
Account Type <input type="checkbox"/> Checking (please attach voided check) <input type="checkbox"/> Savings (please attach deposit slip)	
Bank Routing Number (First 9 digits printed at the bottom left of your check)	
Bank Account Number (Next set of digits on the bottom of your check, excluding check number)	
Authorization Effective Date	

Contribution Schedule				
Fund Type	Payment Schedule Monthly	Amount (minimum \$100)	Payment Starting Month (June 2009 or later)	Collection Date (Withdrawal date each month)
Pledge or Contribution	<input type="checkbox"/> Monthly <input type="checkbox"/> One time only	\$		<input type="checkbox"/> 5th <input type="checkbox"/> 20th
Capital Campaign Gift	<input type="checkbox"/> Monthly <input type="checkbox"/> One time only	\$		<input type="checkbox"/> 5th <input type="checkbox"/> 20th

I authorize the above-named church to initiate debit or adjusting entries from the account specified on this form. This authorization will remain in effect until I give 30 days written notice for any change or cancellation to terminate authorization.

Authorized account signature: _____ Date: _____

Thank you for your continued support.