

ELECTRONIC GIVING AUTHORIZATION FORM

Emmanuel United Church of Christ, 124 Broadway, Hanover PA, 17331



FOR OFFICE USE ONLY	ENVELOPE #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State Zip
Email Address		
PAYMENT: One-time payment of \$ _____ on _____ (Date)		
Monthly withdrawals (select date): <input type="checkbox"/> 1st <input type="checkbox"/> 15th <input type="checkbox"/> Other ____		
Semi-monthly withdrawals (twice per month) <input type="checkbox"/>		
Biweekly withdrawals (every two weeks) <input type="checkbox"/>		
Weekly withdrawals (select day): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		
Date of first payment: ____/____/____ Amount of payment: \$ _____		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple 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: _____
CREDIT CARD	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> American Express	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____		Date: _____

If using a checking account, please attach a voided check over the credit card section.