

First Presbyterian Church

Automated Giving Enrollment Form for the Operating Budget

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Home Cell

Select One Of The Following

- New Authorization Change Credit Card Information
 Change Donation Amount Discontinue Electronic Donation
 Change Donation Date

Frequency & Amount Of Transfers

- Weekly (Mondays) in the amount of \$ _____
 Semi-Monthly (1st and 15th) in the amount of \$ _____
 Monthly (1st) in the amount of \$ _____
 Monthly (15th) in the amount of \$ _____

Preferred Date of First Contribution: ____/____/____

Option 1: Bank Debit

Enroll me in Automated Bank Debit

Please make my gift payment directly from my:

- Checking Account (attach a voided check**)
 Savings Account (attach a voided deposit slip)

Account number: _____

Routing number: _____

(Valid routing # must start with 0, 1, 2, or 3)

Option 2: Credit Card *(Currently unable to Process Debit Cards)*

Enroll me in Automated Credit Card Giving

Name on card: _____

Type of Card: VISA MasterCard Discover Card

Card #: _____ Expiration Date: _____ Pin# _____

Billing Address (if different from mailing address):

Address: _____

City: _____ State: _____ Zip: _____

Authorization:

I authorize First Presbyterian Church to make the transaction as indicated above. I understand that this authority will remain in effect until I provide written notification to terminate this authorization.

Authorized Signature: _____ Date: _____