

ACH AUTHORIZATION FORM

First Presbyterian Church
650 2nd Ave N
Fargo, ND 58102

PLEASE PRINT	
Effective Date: _____	<input type="checkbox"/> New Authorization

Name of Member: _____	Financial Institution: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____

CONTRIBUTION INFORMATION:		
Choose one:	<input type="checkbox"/> Monthly on the 1st Wednesday	<input type="checkbox"/> Monthly on the 3rd Wednesday
	Starting in (month, year): _____	
	Total Amount per Contribution: \$ _____	

Please take my contribution directly from the account specified:
<input type="checkbox"/> Checking Account (attach a voided check*)
<input type="checkbox"/> Savings Account (attach a savings deposit slip*)

Routing #: _____	Account #: _____
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<p>I authorize First Presbyterian Church to process debit entries to my account. I have attached a voided check or savings deposit slip. The authority will remain in effect until I give reasonable notification to terminate this authorization.</p> <p>Authorized signature on my account: _____ Date: _____</p>

Attach a voided check or savings deposit slip

OFFICE USE ONLY	Pledge Card Received? Yes No	Date: _____
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