Authorization for Electronic Payment to First Congregational United Church of Christ – River Falls, WI Inc. 110 North Third Street, River Falls, WI 54022

Name (please print)			
Address (please print)			
Phone Number			
Checking Account Number			
Or Savings Account Number			
Financial Institution Name			
Financial Institution Routing Number			
Please a	ttach a voided che	eck	
I authorize First Congregational United 0 my checking/savings account on the 15 th authorization to support First Congregat debit, I must notify the church at least 3 from my account.	^h of each month, an ional United Church	d agree to the terms line of Christ. If I wish to	isted on this cancel this
(If the 15 th is on a weekend or holiday, the following the 15 th .)	ne payment will be t	ransferred the busine	ss day
Please circle which fund: GENER	AL FUND	BUILDING FUND	
Monthly Payment Amount \$			
Starting Date			
Month	Yea	I	
Signature			

Please note: You can continue to receive contribution envelopes (please let the church office know). The envelopes have been revised to include a box to check if you are giving electronically. It will not be necessary for you to indicate the amount given on the envelope since we will already have this information. The packets will continue to include the "Special" envelopes (Christmas, Easter) so you may make the special donations, if you desire.