



FIRST  
CONGREGATIONAL  
CHURCH, UCC  
RIVER FALLS

**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 attach a voided check**

I authorize First Congregational United Church of Christ to initiate electronic payments from my checking/savings account on the 15<sup>th</sup> of each month, and agree to the terms listed on this authorization to support First Congregational United Church of Christ. If I wish to cancel this debit, I must notify the church at least 3 business days before the debit is to be deducted from my account.

(If the 15<sup>th</sup> is on a weekend or holiday, the payment will be transferred the business day following the 15<sup>th</sup>.)

Monthly Payment Amount \$ \_\_\_\_\_

Starting Date – the 15<sup>th</sup> of \_\_\_\_\_  
Month Year

Signature \_\_\_\_\_