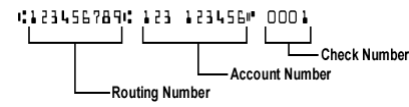


# EZ GIVING AUTHORIZATION FORM

**First Presbyterian Church**  
**200 S Lincoln Ave**  
**Marshfield, WI 54449**

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State                      Zip
Email Address		
<b>DATE OF FIRST DONATION:</b> _____/_____/_____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Monthly on the 5th  <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Capital Repairs/ Improvements  <b>AMOUNTS:</b> \$ _____ \$ _____  <b>Total</b> \$ _____
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____	

*If using a checking account, please attach a voided check at the bottom of this page.*