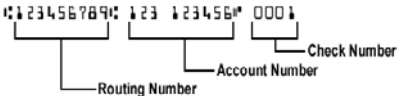


EZ GIVING AUTHORIZATION FORM

First Presbyterian Church
 200 S Lincoln Ave
 Marshfield, WI 54449

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____ Type of authorization: <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		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 5 th <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Monthly on the 25 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Building AMOUNTS: \$ _____ \$ _____ Total \$ _____
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  <p style="font-size: small;"> ⑆ 2 3 4 5 6 7 8 9 ⑆ ⑆ 2 3 ⑆ 2 3 4 5 6 ⑆ 0 0 0 ⑆ └──────────┘ └──────────┘ └──┘ Routing Number Account Number Check Number </p>
	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.