First Reformed Church

Request for Change or Addition in the Electronic Contribution Plan

DETAILS OF PAYMENT:

Start Date for Requested Change in Contribution: _____

New Amount of Contribution:

$_____ General Fund - ☐ 1st of Month ☐ 2nd & 16th of Month ☐ Weekly (Monday)

$_____ Capital Improvements Fund (1st of Month)

$_____ Building Debt Reduction Fund (1st of Month)

$_____ Monthly Special Offering (16th of Month)

I authorize First Reformed Church of Sioux Falls to change my electronic contribution plan offerings. I request that this contribution be withdrawn on the scheduled dates and for the amount(s) as authorized above.

_____ _____

Printed Name Signature