First Reformed Church

Request for Participation in the Electronic Contribution Plan

AUTHORIZATION TO DRAW OFFERINGS FROM MY ACCOUNT and request for participation in the Electronic Contribution Plan.

This authorization will continue in force until this authorization is revoked. Either you or I may terminate this authorization by written or oral notice to the church treasurer or assistant treasurer.

First Reformed Church must receive this notice of change or termination at least ten days in advance of the next scheduled withdrawal.

I authorize First Reformed Church, Sioux Falls, to withdraw from my account the sum listed below for my church offerings. I request that this contribution be withdrawn on the scheduled dates as checked below and for the amount as authorized below.

_____ _____

Printed Name Signature

DETAILS OF PAYMENT:

Your Financial Institution Name & Address

_____

Bank Name

_____

Bank Address

_____

Transmit Routing Number

_____

Bank Account Number

Type of Account

- ☐ Checking
- ☐ Savings

Date Contribution to Begin: _____

$_____ 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)

ATTACH VOIDED CHECK
Or Savings Deposit Slip (For Savings Account)