

First Reformed Church Request for Participation in the Electronic Contribution Plan

Electronic contributions will begin with the date authorized below. A \$10.00 fee will be charged to the church for failed Electronic Contribution.

TO: First Reformed Church

I authorize you 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 I request that this contribution be withdrawn on the scheduled dates as checked below and for the amount as authorized below.

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.

Your Name—Please Print

Your Signature

DETAILS OF PAYMENT:

Your Financial Institution Name & Address
Bank Name _____
Street Address _____
City _____
State & Zip _____
Date Contribution to Begin: _____

Type of Account:
 ___ Checking
 ___ Savings

Transmit Routing Numbers

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Bank Account Number

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Depending on bank, all spaces may not be needed above

- Amount _____ - **General Fund—Date Contribution to be Deducted**
 2nd of month 2nd & 16th of month Weekly (Monday)
- Amount _____ - **Capital Improvements Fund (1st Monday of month)**
- Amount _____ - **Building Debt Reduction Fund (1st Monday of month)**
- Amount _____ - **Monthly Special Offering (16th of month)**

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

Publisher/OffMgr/Acctg/
 Electronic Payment