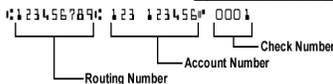


# AUTHORIZATION FORM

First Church of Mansfield

UCC081270

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	
<input type="checkbox"/> Change donation date		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Please debit my donation from my: (check one)		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check below)		<b>Valid Routing # must start with 0, 1, 2, or 3</b>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		 <p style="font-size: small; margin: 0;"> <span style="margin-right: 100px;">⑆ 123456789⑆ 123 123456⑆ 0001</span>  <span style="margin-right: 100px;">└─── Routing Number ───┬─── Account Number ───┬─── Check Number</span> </p>
<b>DATE OF FIRST DONATION:</b>	<b>FREQUENCY OF DONATION:</b> (check only one)	<b>FUNDS AND AMOUNTS:</b>
____/____/____	<input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<input type="checkbox"/> Local Mission      \$ _____
		<input type="checkbox"/> Wider Mission      \$ _____
		<b>Total \$ _____</b>
<b>AGREEMENT</b>		
I authorize the above church 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: _____

**Please attach voided check here.**



Deliver to the church office, drop in the offering plate, or mail to:

Collector, First Church of Christ in Mansfield  
P.O. Box 36  
Mansfield  
Center, CT 06250