



ST. PAUL'S UNITED CHURCH OF CHRIST

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Electronic Contribution Authorization Form

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"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Monthly on the 1 st & 15 th	FUNDS: <input type="checkbox"/> General Operating (Current) \$ _____ <input type="checkbox"/> Our Church's Wider Mission (OCWM) \$ _____ <input type="checkbox"/> Building Improvement Fund \$ _____ <div style="text-align: right;">Total from above \$ _____</div>
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 ⑆ ⑆ 23456789 ⑆ ⑆ 23 ⑆ 23456 ⑆ 000 ⑆ <div style="display: flex; justify-content: space-around; font-size: small;"> <div style="border-top: 1px solid black; width: 20%; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 20%; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 20%; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <div style="border-top: 1px solid black; width: 20%; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 20%; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 20%; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <div style="border-top: 1px solid black; width: 20%; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 20%; margin: 0 auto;"></div> </div>
	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: _____	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____	

If using a checking account, please attach a voided check over the credit/debit card section above.

Return this completed form to the Financial Secretary at the above address.