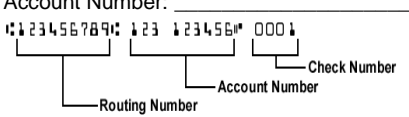


ELECTRONIC GIVING AUTHORIZATION FORM

Name of the organization: Grace United Church of Christ - 25 East 2nd Street, Frederick, MD 21701

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"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> Regular Offering <input type="checkbox"/> Mission Basket <input type="checkbox"/> OCWM <input type="checkbox"/> Youth Program <input type="checkbox"/> Friends of the Choir <input type="checkbox"/> _____
		AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
ANNUAL CONTRIBUTIONS <input type="checkbox"/> Our Church's Wider Mission (OCWM) \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> One Great Hour of Sharing (OGHS) \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Strengthen the Church \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Neighbors in Need \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> The Christmas Fund \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Other: _____ \$ _____ Date to be transferred ____/____/____		
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 Account Number: _____ 
	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): Visa MasterCard 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: _____