

AUTOMATIC PLEDGE PAYMENT AUTHORIZATION

United Church of Christ, P O Box 238, Chamberlain, SD 57325

Sally Madison, Financial Secretary: 234-6558; Val Moore, Treasurer: 234-5970

PLEASE CHECK ONE: NEW

CHANGE

CANCEL

Please deduct my monthly contribution of \$ _____ as follows beginning _____:
(Month or Date)

(Please enter the amount to be withdrawn for each payment cycle. You may choose one monthly payment on the 5th or 15th business day of each month or two payments each month on the 5th and the 15th business day of each month.)

\$ _____ On the 5th business day of each month.

\$ _____ On the 15th business day of each month.

NAME OF PAYEE:

Last _____ First _____ Middle _____

PAYEE ADDRESS:

P O Box or Street _____ City _____ State _____ Zip _____

PAYEE PHONE #:

() - _____

ACCOUNT INFORMATION: (complete only for new requests or changes)

TYPE OF ACCOUNT (check one only) Checking Account Savings Account

Your Financial Institution's Routing Number: _____

Your Account Number:

(Important: Attach a voided check or letter from your financial institution to verify account and ABA routing numbers)

Financial Institution Name: _____

Address: _____ Phone: () - _____

City: _____ State: _____ Zip: _____

AUTHORIZATION: (check appropriate line)

I hereby authorize the **United Church of Christ** and the financial institution named above to initiate electronic debit entries to my checking/savings account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I notify the United Church of Christ in writing to change or terminate the authorization. Notification to change or terminate this authorization must be received at least 7 business days prior to the next scheduled withdrawal date.

I hereby cancel my Automatic Pledge Payment Authorization.

Signature _____ Date _____

Please attach a voided check.