

**The First Congregational Church of Ann Arbor**  
**Donation Authorization for Bank Account Withdrawal**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_

Date of First Contribution: (M/D/Y)      \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Annual Contribution:      \$ \_\_\_\_\_

**Frequency of Contribution (Check One)**

Monthly (1st Tuesday)

Quarterly (1st Tuesday of January, April, July, and October)

**Checking / Savings**

Complete this section if you are using your checking or savings account.

**Checking Account—Attach a voided check**

**Savings Account—Attach a voided deposit ticket**

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the First Congregational Church of Ann Arbor to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I agree that the First Congregational Church's treatment of all authorized debits shall be as if each debit were a personal check signed by me and I agree that if there are bank charges incurred due to insufficient funds or due to closure of an account, I will assume the responsibility of reimbursing the church for any charges assessed.

Authorized Signature: \_\_\_\_\_

Date: (M/D/Y)      \_\_\_\_/\_\_\_\_/\_\_\_\_