

<b>For Church Office Use Only</b>	Date submitted:
-----------------------------------	-----------------

Start Date (allow 15 days for processing) >

**Please check one of the following:**

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change Financial Institution Account
<input type="checkbox"/> Change Contribution Amount	<input type="checkbox"/> Discontinue Electronic Contribution

Name of Member (***Please Print***)

Address

City	State	Zip
------	-------	-----

**REGULAR CONTRIBUTION (check one):**

Monthly (Transferred on the 1st of each month)

Quarterly (The 1st of the month beginning \_\_\_\_\_)

Total Amount per Contribution \$ \_\_\_\_\_

Please take my contribution directly from the account specified:

Checking Account (attach a voided check)

Savings Account (attach a savings deposit slip)

Routing # (between these symbols ::):	Account #:
---------------------------------------	------------

a) I authorize First Parish of Concord to process debit entries to my account.  
 b) I have attached a voided check or savings deposit slip.  
 c) This authority remains in effect until I give 30 day notification to terminate this authorization.

Authorized signature on my account: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**ES2670(3/5/01)      Attach a voided check or savings deposit slip**

**This form is available at: [www:FirstParish.org](http://www.FirstParish.org)**