



Federated Church

THE FEDERATED CHURCH

76 Bell Street, Chagrin Falls, OH 44022
business@fedchurch.org 440-247-6490

Generosity Campaign	Automatic Withdrawal/Charge Authorization	Date
Effective Date of Authorization: ____/____/____		
Type of Authorization: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change Payment Amount <input type="checkbox"/> Change Payment Date <input type="checkbox"/> Change Banking Information <input type="checkbox"/> Terminate Automatic Payment		
Last Name		First Name
Address		
City		State Zip
Email Address		
Payment Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Recurring (select one) - <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____		
Date of One-time Payment: ____/____/____ One-time Amount: \$ _____ Add Processing Fee Amount: <input type="checkbox"/>		
Date of first payment: ____/____/____ <i>I understand that a new transfer will begin on the date of first payment (or the next scheduled frequency). This authority will remain in effect until I provide reasonable and written notification to Federated Church to terminate the authorization.</i>		
Amount of Recurring Payment: \$ _____ Add Processing Fee Amount: <input type="checkbox"/>		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; text-align: center;"> ⑆ 23456789 ⑆ 23 23456 ⑆ 000 ⑆ └──────────┘ └──┘ └──┘ └──┘ Routing Number Account Number Check Number </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	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

The church incurs an average processing fee of 3% on each transaction. If you are able to cover the fee, we welcome your additional contribution, as indicated by checking the appropriate box.