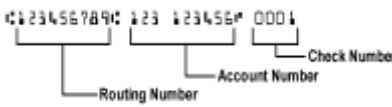


# DEBT REDUCTION AUTOMATIC GIVING PLAN AUTHORIZATION FORM

Redeemer United Church of Christ

DATE	ENVELOPE/DONOR #		
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____		<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-monthly on the 1 <sup>st</sup> & 15 <sup>th</sup>	
		<b>AMOUNT:</b> \$ _____	
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____

*If using a checking account, please attach a voided check at the bottom of this page*