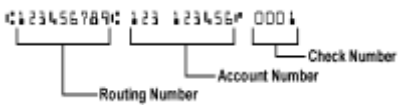


DEBT REDUCTION AUTOMATIC GIVING PLAN AUTHORIZATION FORM

Redeemer United Church of Christ

DATE	ENVELOPE/DONOR #		
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-monthly on the 1 st & 15 th	AMOUNT: \$ _____	
CHECKING / SAVINGS	Please debit my donation from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Valid Routing # must start with 0, 1, 2, or 3 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