

# Electronic Giving Program Enrollment Form

THANK YOU FOR PLEDGING!

Return to Plymouth Congregational Church, UCC, 916 West Prospect, Fort Collins, CO 80526

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

- New Enrollment
  Change Account Information  
 Change Donation Amount

Desired Date of First Donation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of Monthly Donation: \$ \_\_\_\_\_

Donation Frequency (please check one):

- Monthly on the 1st of each month  
 Monthly on the 15th of each month



Please debit my (our) donation from:

Name of Financial Institution: \_\_\_\_\_ City / State: \_\_\_\_\_

Routing Number: \_\_\_\_\_ (9 digits) Account Number: \_\_\_\_\_

- Savings Account (attach a voided deposit slip which has the bank routing number and your account number) **NOTE: If you are using a money market account, please be sure your financial institution categorizes the account as a savings account. Many banks consider money market accounts to be 'checking accounts.'**  
 Checking Account (attach a voided check)

Attach voided check or deposit slip here

I (we) hereby authorize Plymouth Congregational United Church of Christ, Fort Collins, CO to initiate debit entries to my (our) checking/savings account at the financial institution indicated above, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until the Church is notified by me (us) in writing to cancel it in such time as to afford the Church and their financial institution a reasonable opportunity to act on my (our) request.

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

Please email [treasurer@plymouthucc.org](mailto:treasurer@plymouthucc.org) with special instructions or questions. **And Thank You Again!**