

☐ Add	☐ Chang	ge	☐ Delete
I hereby authorize <u>First Congregational Un</u> my checking/savings account at the financia if necessary, initiate adjustments for any tra THE COMPANY, is notified by me (us) in THE FINANCIAL INSTITUTION a reason	al institution list nsactions debite writing to cance	ted below (* ed in error. el it in such	THE FINANCIAL INSTITUTION), and, This authority will remain in effect until time as to afford THE COMPANY and
From Account:			
(Name of Financial Institution)			
(Account Holder's Name)			
(Account Holder's Address)			
(Financial Institution Routing Number)			
(Checking Account Number) *Please attach a copy of a VOIDED check	OR	(Savings A	Account Number)
<u>Amount:</u> \$			
To Be Transferred:			
\square Monthly on the \square 1st or \square 15th sta	rting on		
☐ Weekly every	(ie. Mo	onday, Frida	y) starting on
Bi-Weekly every other	(i	e. Monday,	Friday) starting on
(Signature)			ate)