

# First Congregational United Church of Christ

6494 Belsay Road  
Grand Blanc, MI 48439  
PH: (810) 695-0550

Where Friends and Family Come To Glorify God

## Authorization Form

<b>For Office Use Only</b>	Envelope # _____	Date _____
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Effective Date of authorization: \_\_\_\_\_

Type of Authorization Form:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change credit card information
<input type="checkbox"/> Change donation amount	

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_


Date of first donation: _____	<b>Frequency of donation</b> (Please check only one) <table style="margin-top: 10px;"> <tr><td><input type="checkbox"/></td><td>Weekly - Done on Monday</td></tr> <tr><td><input type="checkbox"/></td><td>Monthly</td></tr> <tr><td><input type="checkbox"/></td><td>One Time</td></tr> </table>	<input type="checkbox"/>	Weekly - Done on Monday	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	One Time	<b>Church fund designations and amounts:</b> Operating \$ _____ Debit Retirement \$ _____ Mission \$ _____ Capital Campaign \$ _____
<input type="checkbox"/>	Weekly - Done on Monday							
<input type="checkbox"/>	Monthly							
<input type="checkbox"/>	One Time							

Special Instructions: _____	Other \$ _____
	Explanation: _____

Annual Contributions:

<input type="checkbox"/> One Great Hour of Sharing	\$ _____	<input type="checkbox"/> Easter Offering	\$ _____
<input type="checkbox"/> Neighbors in Need	\$ _____	<input type="checkbox"/> Thanksgiving Offering	\$ _____
<input type="checkbox"/> Anniversary Offering	\$ _____	<input type="checkbox"/> Christmas Offering	\$ _____
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Holiday Food Baskets	\$ _____

	Cardholders Name (as it appears on the card): _____
	Account Number: _____ - _____ - _____
	Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
	Expiration Date: _____
	Three digit code: _____



I authorize First Congregational United Church of Christ to process entry/entries to my credit card, in accordance with the information provide above, for contributions made to the church on my behalf. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

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