

Parkside Community United Church of Christ

PO Box 80304
Saukville, WI 53080-0304
Phone: 262-284-0588

Direct Deposit Giving Agreement Form

Many members have asked how to have contributions automatically withdrawn from their checking or savings accounts. It's easy! Just complete the form below and return it to the Church Office Administrator. This is how it works:

- You must have a checking or savings account at your financial institution.
- You need to fill out this Authorization Agreement form naming the financial institution where your account is held, the checking or savings account number and the amount to be contributed. You will also need to attach a voided check or blank deposit slip.
- You must have funds in the amount you have agreed to contribute in that account by the 1st of each month.
- Return this form and a voided check to the Church Office Administrator at the address above and effective the following month and each month thereafter, the funds will be automatically taken from your account and contributed to the church account. There is one deduction from your account each month.
- If you wish to change the amount of contribution or cancel the agreement at any time, you must notify the Church Office Administrator in writing.

Authorization Agreement – Direct Payments (ACH Debits)

I (we) hereby authorize St. Peter's United Church of Christ (DBA Parkside Community UCC) to debit entries to my (our) account indicated below. I (we) acknowledge the origination of these ACH transactions to my (our) account must comply with the provisions of U.S. Law.

This authority is to remain in full force and effect until St. Peter's United Church of Christ (DBA Parkside Community UCC) has received written notification from me (or either of us) of it's termination in such time and manner as to afford St. Peter's United Church of Christ (DBA Parkside Community UCC) a reasonable opportunity to act on it.

I (we) understand that if insufficient funds be available in my checking or savings accounts, all normal overdraft charges will be applied.

Account Information

(Financial Institution) (Branch)

(Street Address) (City) (State) (Zip)

(Routing/Transit Number) (Account Number) Type of Account: Checking
 Savings

Giving Information

(Total Amount to be Transferred Monthly) (Date to start withdrawals must be 1st of the month) (Member Envelope #)

Which Church Account would you like to give to? Please list the amount for each and make sure the total matches the total above.

General: _____ Mission of the Month: _____

Other (please specify): _____

Signature

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

Please attach a voided check and return it with this form to the attention of the Church Office Administrator and mail it to the address at top of this form.