MT. ZION UCC
E-GIVING
DIRECT DEBIT AUTHORIZATION

Name _____ Home Phone _____

Address _____ Email Address _____

City _____ State _____ Zip _____ Envelope Number _____

Please Select One of the Following

_____ New Authorization _____ Change Financial Institution (Bank)

_____ Change Contribution Amount _____ Discontinue E-Tithing

_____ Change Contribution Frequency

Contribution Frequency

_____ Monthly (15th) _____ Semi-Monthly (1st & 15th)

Enter Amounts Below for Each Transaction:

$_____	$_____	$_____	$_____
Current Expense	OCWM	Capital Improvement	Monthly Missions

Total Amount of Contribution: $ _____ (add amounts from above)

Type of Account

____ Checking (Attach Voided Check) ____ Savings (Attach Deposit Slip)

Effective Start Date: _____ (1st or 15th for Semi-Monthly; 15th for Monthly)
Note: Application must be received by the church at least one week prior to effective date.

I hereby authorize Mt Zion United Church of Christ, 1054 Ridgewood Rd., York, PA 17406 to process debit entries to my account. I have attached a voided check or savings deposit slip. This authorization will remain in effect until I give written notice of its termination and give Mt. Zion UCC reasonable time to act upon it.

Signature _____ **Date** _____

<<<<<<<<<<< Attach Voided Check or Savings Deposit Slip to this Form >>>>>>>>>>>>>