

# North Haven Church Automatic Giving Authorization

Check appropriate box:

- \* New enrollment / authorization
- \* Change in bank account
- Change in authorized amount(s)
- Cancel automatic giving authorization

**\* (Please attach a voided check to this form for new authorizations or bank changes)**

Contributor Information
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North Haven Envelope Number (required)
Name
Street address
City State Zip
Home phone
Cell / Work phone
email address (for set up confirmation)

Contribution Amounts
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<b>Operating Expenses</b> \$
<b>Faith Promise: Missions</b> \$
<b>Facility Projects &amp; Improvements</b> \$
<b>Mortgage Principal-Connect to Our Future</b> \$
<b>Special</b> \$
Total \$

Schedule
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Check one:

- Weekly (each Monday)**
- Monthly (2nd Monday of the month)**

Desired Start Date (first Monday payment):
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Account Information
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Your Bank routing transit number
Your Account Number
Indicate account type: Checking ____ / Savings ____

Authorization:
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By signing below, I authorize North Haven Church to automatically withdraw my contributions as listed above. This authorization will remain in effect until I give reasonable notification to terminate the authorization.

Signature	Date
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Please submit completed forms to the Financial Secretary or return to the Church Office.