

*Here's some information on our electronic*

# Simply Giving Program

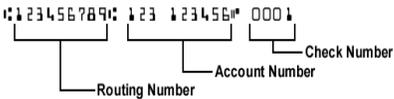
- ❑ You can easily set up auto-deductions from your checking or savings account for ***monthly, bi-monthly or weekly giving*** that will directly be deposited into St. Peter's bank account.
- ❑ To enroll, you just need to ***complete the Authorization Form*** (on the back of this paper) and provide a voided check.
- ❑ There is ***no cost to you.***
- ❑ Your information is secured by ***Vanco Services***, which specializes in these services for churches like us.
- ❑ You can stop, decrease or increase the amount of your contributions ***at any time*** by simply letting the financial secretary know or submitting a new authorization form.
- ❑ The church is charged a small fee per transaction, so the fewer times you are able to donate per month ***will save St. Peter's money.***
- ❑ Electronic giving ensures that ***your donation is given and received*** even when you cannot attend church.
- ❑ Donation cards will be available in the pews for electronic givers to ***place in the offering plates*** as part of our Simply Giving Program.

*Thank you for your gifts to St. Peter's UCC!*

# AUTHORIZATION FORM



Organization Name: St. Peter's United Church of Christ, Skokie, IL

Customer Id # UCC163800	Effective date of authorization: ____/____/____	
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
<b>Please debit my contribution from my (check one):</b> <input type="checkbox"/> Checking Account (attach voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for routing #)		<b>Routing Number:</b> _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  <b>Account Number:</b> _____ 
<b>Payment Frequency</b> <input type="checkbox"/> Weekly (Mondays) <input type="checkbox"/> Monthly (on the 1 <sup>st</sup> ) <input type="checkbox"/> Monthly (on the 15 <sup>th</sup> ) <input type="checkbox"/> Semi-monthly (on the 1 <sup>st</sup> and 15 <sup>th</sup> )	<b>Contribution Amount</b> _____ <i>(for Operating Expenses)</i>	<b>Date of First Contribution</b> ____/____/____
<b>Annual Contributions</b> <input type="checkbox"/> Easter <input type="checkbox"/> Christmas <input type="checkbox"/> Other (Annual)	\$ _____ One-time on April 1 <sup>st</sup> \$ _____ One-time on December 15 <sup>th</sup> \$ _____ One-time on ____/____/____	
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
<b>Authorized Signature:</b> _____		<b>Date:</b> _____

*Please attach a voided check here.*