

DIRECT GIVING AUTHORIZATION FORM



Yes, I/we wish to begin direct giving to First Free Rockford under the following terms:

First Name(s) _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I/we wish to contribute as follows:

General Fund Amount \$ _____

Missions Fund Amount \$ _____

Capital Fund Amount \$ _____

Benevolence Fund Amount \$ _____

TOTAL AMOUNT \$ _____

Please deduct the total amount listed above from:

Checking

Savings

Every Friday (including 5th Friday of the month)

Every other Friday (1st, 3rd and 5th of every month)

Monthly on the 1st 15th *or* 1st and 15th

Start Date _____

I/we authorize First Free Rockford and the designated financial institution to begin automatic direct giving deductions of my/our contributions from my/our checking or savings account.

Bank _____

Account number _____

Routing number _____

Please attach a voided check to this form and return to main office at 2223 N. Mulford Road, 9 a.m.–4 p.m. Monday–Friday.

Signature _____ Date _____