

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 _____