

**First Presbyterian Church of Bakerstown
Automated Giving System Authorization Form**

Please call Sandy Bizon or Kelly Ganter @ (724) 443-1555 if you have any questions about completing this form or need further information about automated giving.

Name: _____

Street Address: _____

City / State / Zip code: _____

Daytime Telephone Number: _____ Email: _____

Please deduct my contribution from my account at (name of Financial Institution):

Type of Account: Checking _____ Savings _____

Routing Number: _____ Account Number: _____

Authorization:

Until further notice, I hereby authorize FPCB to deduct \$ _____ from my bank account on the 15th: _____ 30th: _____ or Both: _____ of each month.

*Application must be returned to the office 4 business days prior to payment date. You will receive a confirmation email upon completion. (PO Box 127 Bakerstown, PA 15007)

Signature: _____

Date: _____