

Envelope # \_\_\_\_\_

**Black Rock Congregational Church**  
**AUTHORIZATION FOR DIRECT CONTRIBUTION**

I authorize and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
Name of Financial Institution Branch



\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name — PLEASE PRINT

\_\_\_\_\_  
Address — PLEASE PRINT

\_\_\_\_\_  
Account No. Checking or Savings

\_\_\_\_\_  
Financial Institution Routing Number (between these symbols   on the bottom left of your check)

**Attach voided check**

**Staple Voided Check Here**

**Distribution of funds:**

Local Ministries Fund – (General Fund) Amount: \$ \_\_\_\_\_

Global Missions Fund Amount: \$ \_\_\_\_\_

Ministry Expansion Fund – (Building Fund) Amount: \$ \_\_\_\_\_

Deacons Fund – (Benevolence) Amount: \$ \_\_\_\_\_

Other: (specify) \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Total Contribution Amount: \$ \_\_\_\_\_**

**Frequency:** \_\_\_ Weekly (every \*Monday) \_\_\_ Monthly (\*1<sup>st</sup> of the month) \_\_\_ Monthly (\*15<sup>th</sup> of the month)  
*\*or following business day if contribution date falls on holiday.*

**Start Date:** \_\_\_\_\_ (withdrawals will begin the Monday following receipt of this authorization)