

**St. Paul's United Church of Christ Amityville**  
Automated Giving Enrollment Form

In completing and signing this form, I wish to have my monthly giving to SPUCC automatically deducted from my account noted below. I understand the deduction will occur on the 15<sup>th</sup> day of each month.

Date \_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Amount of Monthly Deduction: \$ \_\_\_\_\_

**Banking Information**

Type of Account (circle one)      CHECKING   or   SAVINGS

Account # \_\_\_\_\_

Bank ACH Routing # \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail form to:**  
**St. Paul's UCC**  
**1979 Weavertown Road**  
**Douglassville, PA 19518**  
**Attn: Sara Lambert**