

Port Williams United Baptist Church
Pre Authorized Giving
Change Form

Member Name: _____

Date: _____

Changes effective as of: _____

Changes

New Amount: _____ (Total Giving)

New Frequency: _____ (Weekly, Bi-Weekly, Monthly)

New First Withdrawal Date: _____

Deletions

Amount: _____

Frequency: _____ (Weekly, Bi-Weekly, Monthly)

Category Distribution

Current: _____

Other Category

Other Amount

UIM: _____

Total Giving: _____ (Should Agree with New Amount Above)

Member Signature