AUTHORIZATION FORM

Name of the organization: _Unitarian Universalist Fellowship of Wayne County

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE		
			horization Change donation amount banking information Discontinue electronic dona			☐ Change donation date		
Las	t Name		First Name	First Name				
Address								
City						State	Zip	
Email Address								
DATE OF FIRST DONATION: F			ENCY OF DONATION:	FUNDS:	AMOL		MOUNTS:	
		 □ Weekly – Mondays □ Monthly on the 1st □ Monthly on the 15th 		General/ Building Other	. •			
				Total from above \$				
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)			Account Nun	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1.23456789 1.23 1.23456 0001 Check Number Routing Number			
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.							
	Authorized Signature:		Date:					
CREDIT / DEBIT CARD not available	Card Brand (check one):	☐ Visa	☐ MasterCard	☐ American Ex	press	☐ Discover C	ard	
	Card Number:				Expiration Date:			
	Name on Card:							
	Billing Address (if different from above):							
	I authorize the above organization to process transactions in accordance with the information above.							
CRED	Signature (as it appears on the card):						Date:	

If using a checking account, please attach a voided check over the credit/debit card section above.