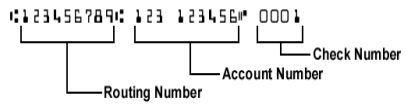


# AUTHORIZATION FORM

Fiscal Year 2021-2022 Operating Campaign

## ***First U - Resilient and Committed - Pledge Drive for FY 2021-2022***

First Unitarian Church  
ES 9747

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-Weekly on Monday <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<b>FUNDS:</b> <input type="checkbox"/> Operating – FY Year 07/20-06/21      \$ _____ <input type="checkbox"/> Operating – FY Year 07/21-06/22      \$ _____ <hr/> <b>Total for Year 07/20-06/21</b> \$ _____ <b>Total for Year 07/21-06/22</b> \$ _____
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account 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: _____	
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	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.  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.*