

AUTHORIZATION FORM

STEWARDSHIP CAMPAIGN FY 2022-2023



First Unitarian Church
ES 9747

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE	
Effective date of authorization: ____/____/____					
Type of authorization: <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					
DATE OF FIRST DONATION: ____/____/____		FREQUENCY OF DONATION:		FUNDS:	
		<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-Weekly on Monday <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		AMOUNT per donation: <input type="checkbox"/> Operating – FY Year 07/21-06/22 \$ _____ <input type="checkbox"/> Operating – FY Year 07/22-06/23 \$ _____	
				Total for Year 07/21-06/22 \$ _____	
				Total for Year 07/22-06/23 \$ _____	
CHECKING / SAVINGS	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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> ⑈ ⑆ 23456789 ⑆ ⑆ 23 ⑆ 23456 ⑆ 000 ⑆ └──────────┘ └──┘ └───┘ └───┘ Routing Number Account Number Check Number </small>	
	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	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.