Evergreen Unitarian Universalist Fellowship

AUTHORIZATION FORM FOR AUTOMATIC WITHDRAWAL OF FUNDS

2018-2019

Name of the organization: Evergreen Unitarian Universalist Fellowship **ES8129**

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ One Time Donation

FUNDS: **AMOUNTS:**

- ❑ Pledge $_____
- ❑ Split Plate Offering $_____
- ❑ Capital Campaign $_____
- ❑ Other

Total from above $_____

CHECKING / SAVINGS NO FEE

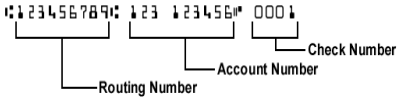
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

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:_____

REDIT / DEBIT CARD FEE APPLIED

Please charge my donation to my (check one ❑ Visa ❑ MasterCard ❑ American Express

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.