

AUTHORIZATION FORM FOR AUTOMATIC WITHDRAWAL OF FUNDS

2023-2024

Name of the organization: Evergreen Unitarian Universalist Fellowship

ES8129

Last Name			First Name			
Address						
City				State	Zip	
Ema	Email Address					
DATE OF FIRST DONATION: FREQUENCY OF DONATION:		FUNDS:	AMOUNTS:			
Please note the church fiscal year runs from July 1 st through June 30 th .		 Monthly on the 1st Monthly on the 15th Monthly on the 25th One Time Donation 	☐ Pledge ☐ Split Plate Offerin ☐ Capital Campaign ☐ Other	plit Plate Offering \$apital Campaign \$		
			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) I authorize the above organization to process debit entries to my account reasonable notification to terminate the authorization. Authorized Signature:					
CREDIT / DEBIT CARD FEE APPLIED	Please charge my donation to my (check one					
	Card Number:		Expiration	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:				ə:	