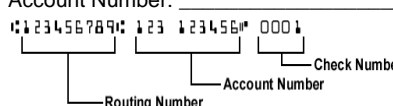


AUTHORIZATION FORM FOR AUTOMATIC WITHDRAWAL OF FUNDS

2020-2021

Name of the organization: Evergreen Unitarian Universalist Fellowship

ES8129

Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____ Please note the church fiscal year runs from July 1 st through June 30 th .		FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Monthly on the 25 th <input type="checkbox"/> One Time Donation	
		FUNDS: <input type="checkbox"/> Pledge <input type="checkbox"/> Split Plate Offering <input type="checkbox"/> Capital Campaign <input type="checkbox"/> Other	
		AMOUNTS: \$ _____ \$ _____ \$ _____	
		Total from above \$ _____	
CHECKING / SAVINGS NO FEE	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: _____ 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: _____	
CREDIT / DEBIT CARD FEE APPLIED	Please charge my donation to my (check one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 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.