

# AUTHORIZATION FORM

First Unitarian Church

ES 9747

|                     |                  |      |
|---------------------|------------------|------|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|---------------------|------------------|------|

Effective date of authorization: \_\_\_\_\_

Type of Authorization:

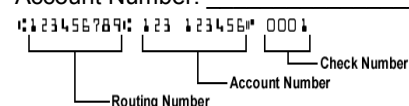
|   |  |
|---|--|
| <input type="checkbox"/> New Authorization      | <input type="checkbox"/> Change banking information      |
| <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Discontinue electronic donation |
| <input type="checkbox"/> Change donation date   |  |

|           |            |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

Address

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

|  |  |   |
|--|--|---|
| Date of first payment:<br>____/____/____ | <b>FREQUENCY OF DONATION:</b><br><input type="checkbox"/> Monthly on the 1 <sup>st</sup><br><input type="checkbox"/> Monthly on the 15 <sup>th</sup><br><input type="checkbox"/> Weekly on Monday<br><input type="checkbox"/> Bi-Weekly on Mondays<br><input type="checkbox"/> One-Time<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually | <b>FUNDS AND AMOUNTS:</b><br><input type="checkbox"/> Operating – Year 07/10 – 06/11 \$ _____<br><input type="checkbox"/> Operating – Year 07/11 – 06/12 \$ _____<br><div style="text-align: right;">Total \$ _____</div> |
|--|--|---|

|                           |   |  |
|---------------------------|---|--|
| <b>CHECKING / SAVINGS</b> | Please debit my donation from my (check one):<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)<br><input type="checkbox"/> Checking Account (attach a voided check below) | Routing Number: _____<br><b>Valid Routing # must start with 0, 1, 2, or 3</b><br><br>Account Number: _____<br> |
|---------------------------|---|--|

I authorize the above company and Vanco Services, LLC 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 CARD</b>  | Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card |                     |                  |
|                     | <table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td style="width:40%;">Expiration Date:</td> </tr> </table>  | Credit Card Number: | Expiration Date: |
| Credit Card Number: | Expiration Date:  |                     |                  |
|                     | Name on Card:   |                     |                  |
|                     | Billing Address (if different from above):  |                     |                  |
|                     | I authorize the above company and Vanco Services, LLC to charge my credit card in accordance with the information above.  |                     |                  |
|                     | Signature (as it appears on the credit card): _____ Date: _____   |                     |                  |

**Please attach voided check over credit card section above if using checking account.**