ELECTRONIC PAYMENT AUTHORIZATION FORM

Unitarian Universalist Congregation of Marin

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE	DATE		
	ective date of authorization: e of authorization:	New aut	_/horization banking information		Change donation amoun Discontinue electronic do		Change donation date		
Last Name					First Name	ame			
Address									
City					State	Zip			
Email Address									
*DATE OF FIRST DONATION: // * Recurring donations will be ongoing until changed or terminated.		□ M □ A	JENCY OF DONATION: onthly on the 1st onthly on the 15th Different Date nnually ne-time		FUNDS: Annual Pledge Dri Restricted Homele Restricted Building Restricted Minister Fund Other Optional: Add an for credit cards and Checking withdraw processing fees	ss Fund Fund s Discretionary additional 2.9% d 1% for	\$ \$ \$ \$ Total from above \$		
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (new donors - attach a voided check) Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Routing Number: Account Number: Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Routing 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:								
CREDIT / DEBIT CARD	Card Brand (check one):	☐ Visa	☐ MasterCard		☐ American Express	Dis	cover Card		
	Card Number:				Expirati	on Date:	CVV:		
	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:						Date:		