

# AUTHORIZATION FORM

Unitarian Universalist Congregation of Marin

ES11680

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: _____		
Type of Authorization: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change credit card 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
Email Address		
Date of First Donation: ____/____/____  Date of Last Donation: ____/____/____	<input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> One-time	<input type="checkbox"/> Unrestricted Gift      \$ _____ <input type="checkbox"/> Pledge      \$ _____ <input type="checkbox"/> Homeless      \$ _____ <input type="checkbox"/> Minister's Discretionary      \$ _____ <input type="checkbox"/> Other _____ \$ _____  <p style="text-align: right;"><b>TOTAL</b>      \$ _____</p>
<b>ONE-TIME CONTRIBUTIONS:</b>		
<input type="checkbox"/> General Appeal <input type="checkbox"/> Fall Homeless Appeal <input type="checkbox"/> Christmas <input type="checkbox"/> Event <input type="checkbox"/> Retreat <input type="checkbox"/> Facility Rental	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____ Date to be transferred ____/____/____
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization and Vanco Services 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	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____	