AUTHORIZATION FORM

Unitarian Universalist Congregation of Marin **ES11680**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization:

- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change credit card information
- ❑ Discontinue electronic donation

Last Name	First Name
Address	
City	State / Zip
Email Address	

Date of First Donation:

_____/_____/_____

Date of Last Donation:

_____/_____/_____

- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Quarterly
- ❑ Annually
- ❑ One-time

- ❑ Pledge $ _____
- ❑ Homeless $ _____
- ❑ Minister's Discretionary $ _____
- ❑ Unrestricted Gift $ _____
- ❑ Other _____ $ _____

TOTAL $_____

ONE-TIME CONTRIBUTIONS:

- ❑ Fall Homeless Appeal $ _____ Date to be transferred ____/____/____
- ❑ Christmas Offering $ _____ Date to be transferred ____/____/____
- ❑ Other _____ $ _____ Date to be transferred ____/____/____

CHECKING / SAVINGS

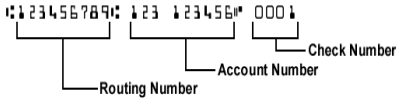
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ 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 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:_____

CREDIT CARD

Please charge my donation to my (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ 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: _____