

# AUTHORIZATION FORM FOR AUTOMATIC FUNDS WITHDRAWAL

Unitarian Church North

FOR OFFICE USE ONLY

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"/> Change donation date	<input type="checkbox"/> Discontinue electronic donation	
Last Name		First Name
Address		
City		State   Zip
Date of First Donation: _____	<b>FREQUENCY OF DONATION: (check only one)</b>	<b>FUNDS AND AMOUNTS:</b>
	<input type="checkbox"/> Monthly on the 1st	<input type="checkbox"/> Annual Fund \$ _____
	<input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<input type="checkbox"/> Other: \$ _____
		<b>Total \$ _____</b>

**AGREEMENT**

I authorize UCN and Breeze Church Management 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>C H E C K I N G</b>	Please debit my donation from my: <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> I agree to pay the \$0.25 + 1% processing fee.	Routing Number: _____ <i>Valid Routing# must start with 0, 1, 2, or 3</i>  Account Number: 012345678:      987654321 _____ <small style="margin-left: 100px;">  Account Number</small> <small style="margin-left: 100px;">-Routing Number</small>
	I authorize UCN and Breeze Church 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>C R E D I T  C A R D</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:	Verification Code:
	<input type="checkbox"/> I agree to pay the \$0.30 + 2.9% processing fee.		
	Name on Card:		
	Billing Address (if different from above):		
I authorize the above UCN and Breeze Church Services to charge my credit card in accordance with the information above.			
Signature: _____		Date: _____	

Please attach voided check or credit card