

AUTHORIZATION FORM

First Unitarian Universalist Church of Berks County

ES17813

416 Franklin Street, Reading, PA 19602

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE							
Effective date of authorization: _____ Type of Authorization: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> </tr> </table>				<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	
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information								
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<input type="checkbox"/> Change donation date									
Last Name		First Name							
Address									
City		State	Zip						
Email Address		Phone #							
FIRST DONATION DATE: _____ / _____ / _____	FREQUENCY OF DONATION: (check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	MONTHLY DONATION AMOUNT: \$ _____							
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; margin-top: 5px;"> ⑆ 23456789 ⑆ 23 23456 000 ⑆ └─── Routing Number └─── Account Number └─── Check Number </div>						
	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: _____ Date: _____								

Please attach voided check here.