

AUTHORIZATION FORM

Unitarian Universalist Fellowship of Northern Nevada

ES12528

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

Effective date of authorization: _____

Type of Authorization Form:

<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	

Last Name	First Name
-----------	------------

Address

City	State	Zip
------	-------	-----

Email Address

<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Checking Account (attach a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p>	<p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p><small>⑆ 234567890 ⑆ 23 ⑆ 23456⑆ 000⑆</small></p> <p><small>Routing Number Account Number Check Number</small></p>
--	---

<p>DATE OF FIRST DONATION:</p> <p>____/____/____</p>	<p>FREQUENCY OF DONATION: (check only one)</p> <p><input type="checkbox"/> Semi-monthly on the 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p>	<p>FUNDS AND AMOUNTS:</p> <p><input type="checkbox"/> General \$ _____</p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p style="text-align: right;">Total \$ _____</p>
---	---	--

AGREEMENT

I authorize the above church and Vanco Services, LLC 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: _____

