

# AUTHORIZATION FORM

Name of the organization: Unitarian Universalist Fellowship of Northern Nevada

<b>FOR UUFNN OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State                      Zip
Email Address		
<b>Date of first donation:</b> ____/____/____  <b>Date of last donation (optional):</b> ____/____/____	<b>Frequency of donation:</b> (please check one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	<b>Amount of first donation:</b> \$ _____  <b>Amount of last donation (optional):</b> \$ _____
<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 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: /s/ _____ Date: _____	
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.  Signature (as it appears on the card): /s/ _____ Date: _____	

If you downloaded this form from an email or the UUFNN website, you can fill it out on a computer and save this as a new document to your computer, then attach it to an email to return it to [stewardship@uufnn.org](mailto:stewardship@uufnn.org). If you complete the form in this way:

1. You can sign it electronically by typing your full name in the signature block after the "/s/."
2. If you are using a checking account, please scan a voided check and include it with your email.

You can also print this form and complete it by hand. If you do this, you can return it in one of two ways:

1. Scan the completed form and email it to UUFNN at [stewardship@uufnn.org](mailto:stewardship@uufnn.org), and if you are using a checking account, please scan a voided check and include it with your email; or
2. Mail the completed form to UUFNN at 780 Del Monte Lane, Reno NV 89511, and if you are using a checking account, please attach a voided check.