2024 AUTHORIZATION FORM

Name of the organization: UNITARIAN UNIVERSALIST CHURCH OF CHEYENNE

| TOI | DAY'S DATE:/_ | | | |
|--|---|-----------------------------------|---|--|
| Effective date of authorization:// | | | | |
| Type of authorization: New authorization Change donation amount Change donation date Discontinue electronic donation | | | | |
| Las | t Name | | First Name | |
| Address | | | | |
| City | | | State Zip | |
| Email Address | | | | |
| DATE OF FIRST DONATION: FREQUENCY OF DONATION: | | FREQUENCY OF DONATION: | AMOUNTS | |
| | | ☐ Monthly on the 1 st | Monthly Pledge \$ | |
| | | ☐ Monthly on the 15 th | Optional (card donations): Add an x 2.75% additional 2.75% to defray processing fees \$ | |
| | | ☐ Other | OR Optional (checking/savings x 1% | |
| | | | Optional (checking/savings x 1% donations): Add an additional 1% to defray processing fees \$ | |
| CKING / SAVINGS | Please debit my donation from my (check one): Checking Account (ATTACH A VOIDED CHECK) | | Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: | |
| | ☐ Savings Account | | Check Number Routing Number | |
| CHECKIP | 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: | | | |
| | Card Brand (check one): | | | |
| RD | Card Number: | | Expiration Date: | |
| CREDIT / DEBIT CARD | 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 | Date: | | |