

# Authorization Form – Electronic Payments

Unitarian Universalist Congregation of Fairfax  
2017-2018 Operating Fund

<b>For 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		
<i>Last Name</i>		<i>First Name</i>
<i>Address</i>		
<i>City</i>		<i>State</i> <i>Zip</i>
<i>Email Address</i>		
<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"/> Quarterly on the 1 <sup>st</sup> <input type="checkbox"/> Quarterly on the 15 <sup>th</sup> <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)	<b>Routing Number:</b> _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  <b>Account Number:</b> _____ 
	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: _____	
<b>CREDIT / DEBIT CARD</b>	<b>Card Brand (check one):</b> <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): _____ Date: _____	

*If using a checking account, please attach a voided check over the credit/debit card section above.*