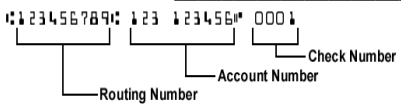


# 2022 AUTHORIZATION FORM

Name of the organization: **UNITARIAN UNIVERSALIST CHURCH OF CHEYENNE**

TODAY'S DATE: ____/____/____			
Effective date of authorization: ____/____/____			
Type of authorization: <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			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION:  <input type="checkbox"/> Monthly on the 1 <sup>st</sup>  <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>AMOUNTS</b>  Monthly Pledge \$ _____  <input type="checkbox"/> <b>Optional (card donations only):</b> x 2.75% Add an additional 2.75% to defray card processing fees      \$ _____  <b>Grand total</b> \$ _____	
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one):  <input type="checkbox"/> Checking Account ( <b>ATTACH A VOIDED CHECK</b> )  <input type="checkbox"/> Savings Account		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: _____ Date: _____		
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <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.*