

2025 AUTHORIZATION FORM

Name of the organization: UNITARIAN UNIVERSALIST CHURCH OF CHEYENNE

TODAY'S DATE: ____/____/____					
Effective date of authorization: ____/____/____					
Type of authorization: <div><input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information</div> <div><input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation</div> <div><input type="checkbox"/> Change donation date</div>					
Last Name			First Name		
Address					
City				State	Zip
Email Address					
DATE OF FIRST DONATION: ____/____/____		FREQUENCY OF DONATION: <div><input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Other _____</div>		AMOUNTS Monthly Pledge \$ _____	
				<div><input type="checkbox"/> Optional (card donations): Add an additional 2.75% to defray processing fees x 2.75% \$ _____ OR <input type="checkbox"/> Optional (checking/savings donations): Add an additional 1% to defray processing fees x 1% \$ _____</div>	
CHECKING / SAVINGS	Please debit my donation from my (check one): <div><input type="checkbox"/> Checking Account (ATTACH A VOIDED CHECK) <input type="checkbox"/> Savings Account</div>			Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div><div>⌚ 23456789 ⌚ 23 234567 000 ⌚</div><div>Routing Number Account Number Check Number</div></div>	
	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: _____				
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard				
	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.