2026 AUTHORIZATION FORM

Name of the organization: UNITARIAN UNIVERSALIST CHURCH OF CHEYENNE

TODAY'S DATE: _____/_____/_____		

Effective date of authorization: _____/_____/_____

Type of authorization:

❑ New authorization   ❑ Change donation amount   ❑ Change donation date
❑ Change banking information   ❑ Discontinue electronic donation

Last Name	First Name
Address	

City	State	Zip

Email Address

DATE OF FIRST DONATION: _____/_____/_____	FREQUENCY OF DONATION: ❑ Monthly on the 1st ❑ Monthly on the 15th ❑ Other _____	AMOUNTS

Monthly Pledge $_____

❑ **Optional (card donations)**: Add an additional 2.75% to defray processing fees   **x 2.75%** $_____

OR

❑ **Optional (checking/savings donations)**: Add an additional 1% to defray processing fees   **x 1%** $_____

CHECKING / SAVINGS

Please debit my donation from my (check one):

❑ Checking Account (**ATTACH A VOIDED CHECK**)

❑ Savings Account

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑈123456789⑈ 123 123456⑈ 0001
Check Number
Account Number
Routing 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:_____

CREDIT / DEBIT CARD

Card Brand (check one):   ❑ Visa   ❑ 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.
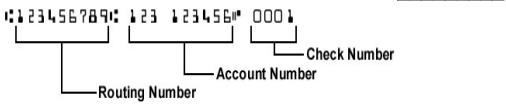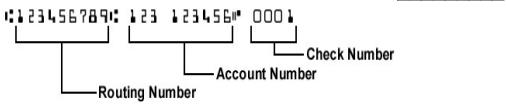
2026 AUTHORIZATION FORM

Name of the organization: UNITARIAN UNIVERSALIST CHURCH OF CHEYENNE

TODAY'S DATE: _____/_____/_____

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❏ New authorization
- ❏ Change banking information
- ❏ Change donation amount
- ❏ Discontinue electronic donation
- ❏ Change donation date

Last Name	First Name

Address

City	State	Zip

Email Address

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

- ❏ Monthly on the 1st
- ❏ Monthly on the 15th
- ❏ Other

_____

AMOUNTS

Monthly Pledge $_____

- ❏ **Optional (card donations)**: Add an additional 2.75% to defray processing fees   **x 2.75%** $_____

OR

- ❏ **Optional (checking/savings donations)**: Add an additional 1% to defray processing fees   **x 1%** $_____

CHECKING / SAVINGS

Please debit my donation from my (check one):

- ❏ Checking Account (**ATTACH A VOIDED CHECK**)

- ❏ Savings Account

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 123456⑈ 0001
— Check Number
— Account Number
— Routing 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:_____

CREDIT / DEBIT CARD

Card Brand (check one):   ❏ Visa   ❏ 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.