

AUTHORIZATION FORM

Unitarian Universalist Fellowship of Corvallis

for electronic
funds transfer
of monthly pledge

ES10798

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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office:shred after entering into vanco

Effective date of authorization: _____

Type of Authorization:

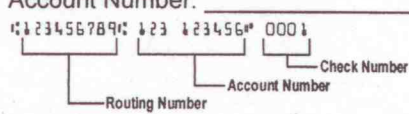
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Date of first payment: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Other _____ \$ _____ Total \$ _____
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CHECKING / SAVINGS	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)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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I authorize the above company and Vanco Services, LLC 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: _____

Please attach voided check

please return to yaney's
mailbox in a sealed envelope