



UUCY

AUTO WITHDRAWAL SCRIP PROGRAM

SIGN UP FORM

Description:

This program makes it easy to order and receive your scrip cards on a regular basis without worrying about having a check or credit card with you at Sunday services when cards are sold in person.

How It Works:

Sign up for auto withdrawal from your checking account. Withdrawals will occur on the 1st and 15th of the month and scrip cards will be at church the following Sunday for pick up. Complete this form to inform us how much scrip you would like to order twice each month.

If you would prefer gift cards to be mailed to you there will be a \$2 processing fee for each order to cover postage and handling.

____ Check here if you would like your scrip order mailed.

Name: _____

Address _____

City, State, Zip _____

Withdrawal Order Amount \$_____

Would you like withdrawal to occur

____ 1st of month only

____ 15th of month only

____ 1st and 15th of month

Indicate number of scrip cards you want to order at each withdrawal

Giant

Weis

____\$25

____\$25

____\$50

____\$50

____\$100

____\$100

THANK YOU FOR SUPPORTING UUCY THROUGH THE SCRIP PROGRAM!

SCRIP
AUTO WITHDRAWAL AUTHORIZATION

Name: _____

Address _____

City, State, Zip _____

Withdrawal Order Amount \$_____ (add \$2 per order if being mailed)

I hereby authorize the Unitarian Universalist Congregation of York

(1) to initiate debit entries to my account number indicated below at the depositories named below and,

(2) to initiate, if necessary, credit entries or adjustments for any debit error

Depository Name _____

City _____ State _____ Zip _____

Transit/Routing ABA# _____ Account Number _____

Account Type (check one)

____ Checking (please attach a voided check)

____ Savings

Specify Withdrawal Dollar Amount \$_____ must match withdrawal order amount above

This authority is to remain in full force and effect until the Unitarian Universalist Congregation of York has received written notice of my intention to terminate this agreement (10 days notice is required). For changes or termination, please email Diane Kearney at dkearney51@gmail.com.

Name (Please Print)	Signature	Date
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Name If joint account)	Signature	Date
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