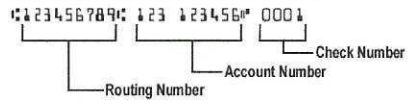


AUTHORIZATION FORM

Name of the organization: **Unitarian Universalist Congregation of York (UUCY)**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		UUCY Initiating Representative: _____
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: ____/____/____ PLEASE NOTE: Pledges will process as follows: <u>Current Fiscal Year</u> will start on date above and end June 30 of the current fiscal year. <u>Next Fiscal Year</u> pledge will start on July 1 and end on June 30 of the Fiscal year Noted. <u>Auto-Scrip:</u> will begin on the Date noted above and continue until UUCY is notified to Stop.	FREQUENCY OF DONATION: <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 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pick up at scrip sales table on Sunday <input type="checkbox"/> Mail scrip to my home	FUNDS: <input type="checkbox"/> Pledge Current Fiscal yr: _____ \$ _____ <input type="checkbox"/> Pledge Next Fiscal Yr: _____ \$ _____ <input type="checkbox"/> Share the Plate Contribution \$ _____ <input type="checkbox"/> Auto-Scrip <input type="checkbox"/> Giant Scrip \$ _____ <input type="checkbox"/> Weis Scrip \$ _____ <input type="checkbox"/> Other _____ \$ _____ <div style="text-align: right;"> Total from above \$ _____ <input type="checkbox"/> Optional (card donations only): x 2.75% (x .0275): Add an additional 2.75% to defray card processing fees \$ _____ Grand total \$ _____ </div>
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) <input type="checkbox"/> Credit Card (complete the Credit Card Section below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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: _____	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <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.