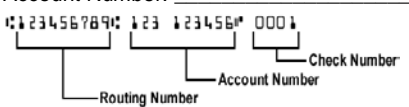


AUTHORIZATION FORM

Unitarian Universalist Congregation of Lawrence

ES11559

FOR OFFICE USE ONLY	STEWARDSHIP:	DATE:	
Effective date of authorization: ____/____/____ 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	
Phone Number			
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <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"/> Quarterly on the 1 st (select below) <input type="checkbox"/> Quarterly on the 15 th (select below) <input type="checkbox"/> Jul, Oct, Jan, Apr <input type="checkbox"/> Aug, Nov, Feb, Mar <input type="checkbox"/> Sept, Dec, Mar, Jun	FUNDS: <input type="checkbox"/> General Fund/Pledge <input type="checkbox"/> Just Food <input type="checkbox"/> Community Connection <input type="checkbox"/> KPR KANU <input type="checkbox"/> Other (please specify)_____	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
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: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____		

If using a checking account, you must attach a voided check at the bottom of this page or your authorization is not valid.