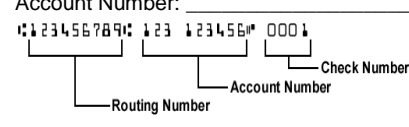


# AUTHORIZATION FORM

Organization: Unitarian Universalist Church of Little Rock

<b>FOR OFFICE USE ONLY</b>		<b>ENVELOPE/DONOR #</b>		<b>DATE</b>	
Effective date of authorization: ____/____/____					
<b>Type of authorization:</b> <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					
<b>DATE OF FIRST DONATION:</b> ____/____/____		<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>		<b>FUNDS:</b> <input type="checkbox"/> General Pledge for 2023-24 <input type="checkbox"/> Other: _____	
				<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____  <b>Total \$</b> _____	
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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, please attach a voided check at the bottom of this page.