

# EFT / CREDIT CARD AUTHORIZATION FORM

AUG. 2025

Unitarian Universalist Congregation of Northern Chautauqua – 222 Temple St, Fredonia NY 14063

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____ <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> ____/____/____  <input type="checkbox"/> Continue my Operating Fund pledge until further notice.  <input type="checkbox"/> Continue my Operating Fund pledge until ____/____/____  <input type="checkbox"/> Continue my Building Fund pledge until ____/____/____	<b>FREQUENCY OF DONATION:</b>  <input type="checkbox"/> Weekly each Monday <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-Monthly on the 1 <sup>st</sup> & 15 <sup>th</sup>	<b>FUNDS:</b>  <input type="checkbox"/> General/Operating      \$ _____  <input type="checkbox"/> Building Fund      \$ _____  <b>AMOUNTS per period:</b>  <div style="text-align: right;"> <b>Total from above</b>      \$ _____   <input type="checkbox"/> <b>Optional (card donations only):</b>      <b>x 2.75%</b>                      Add an additional 2.75% to defray card processing fees      \$ _____   <b>Grand total</b>      \$ _____                 </div>
<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: _____ <div style="text-align: center; font-size: small;"> </div>	
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: _____		
<b>CREDIT / DEBIT CARD</b>	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.*