



# The First Church in Salem, Unitarian

## ELECTRONIC PAYMENT AUTHORIZATION FORM

Name of the organization: First Church in Salem, Unitarian

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	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
Email Address				
DATE OF FIRST DONATION: ____/____/____		FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 15 <sup>th</sup>		FUNDS: <input type="checkbox"/> General/Operating  AMOUNTS: \$ _____  Total \$ _____
<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.***