

AUTHORIZATION FORM

Organization Name: **Plymouth Congregational Church UCC**

Customer Id # UCC463470			DATE
Effective date of authorization: ____/____/____			
Type of authorization:			
<input type="checkbox"/> New authorization		<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Change payment date
<input type="checkbox"/> Change banking information		<input type="checkbox"/> Discontinue electronic payment	
Last Name		First Name	
Address			
City		State	Zip
Email Address			
Payment Frequency: <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____			
Date of one time payment: ____/____/____			
Amount : \$ _____			
Date of first payment: ____/____/____ Amount of recurring payment: \$ _____			
CHECKING / SAVINGS	Please debit payment from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> ⑆ 23456789 ⑆ 123 123456 ⑆ 000 ⑆ └──────────┘ └──────────┘ └──────────┘ Routing Number Account Number Check Number </small>
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	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____			

If using a checking account, please attach a voided check over the credit card section.