



The First Church in Salem, Unitarian Universalist

ELECTRONIC PAYMENT AUTHORIZATION FORM

Name of the organization: First Church in Salem, Unitarian Universalist

Please complete this form and leave in the folder outside the church office. It can also be mailed to the church at 316 Essex Street, Salem MA 01970. Thank you!

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 th		FUNDS: <input type="checkbox"/> General/Operating 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, please attach a voided check at the bottom of this page.