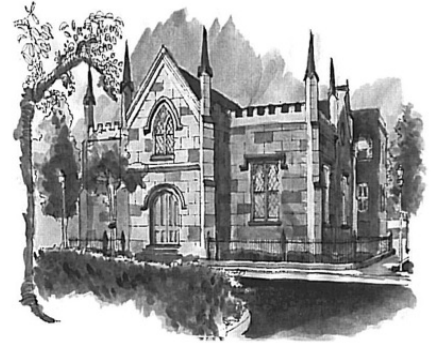


UNITARIAN UNIVERSALIST
Church of Savannah
 311 E. Harris Street
 Savannah, GA 31401
 912-234-0980



"Use This form to initiate, change or cancel automatic debit.
 When initiating, please attach a voided check."

Automatic Debit Authorization Form

Effective date of authorization: _____	
Type of authorization:	<input type="checkbox"/> New authorization <input type="checkbox"/> Change donation date <input type="checkbox"/> Change donation amount <input type="checkbox"/> Cancel electronic donation
Last Name _____ First Name _____	
Mailing Address _____	
City _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Email Address _____	
Date of First Donation _____	Designated Amount:
Frequency of Donation: (check or _____)	General/Operating \$ _____
<input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Bi-weekly (every other week) <input type="checkbox"/> Semi-Monthly - 1st & 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Monthly on another date: _____	
Please debit my donation from my (check one)	Routing Number _____
<input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Valid Routing # must start with 0,1,2 or 3)
	Account Number: _____
	<small>⌚ 23456789 ⌚ 23 ⌚ 23456 000 ⌚</small> <small>[Routing number] [Account number] [Check #]</small>
I authorize the above organization to process debit entries to my account. I understand that this authorization will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature _____	Date: _____

Mail the completed form and voided check to
 Unitarian Universalist Church of Savannah
 Attention: Treasurer
 311 Harris St.
 Savannah, GA 31401