

Electronic Credit Card and ACH Direct Debit Donation Authorization Form

| | | |
|--|---|---|
| Effective date of authorization: ____/____/____ | | |
| Type of Authorization Form: | | |
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change donation amount | <input type="checkbox"/> Change banking information |
| <input type="checkbox"/> Discontinue electronic donation | <input type="checkbox"/> Change donation date | |
| Last name | | First name |
| Address | | |
| City | State | Zip |
| Email Address | | |
| MAKE A ONE-TIME DONATION | MAKE A MONTHLY DONATION | |
| ONE-TIME DONATION AMOUNT: | MONTHLY DONATION AMOUNT: | DONATION FREQUENCY: |
| \$ _____ | \$ _____ each month, to begin on the date ____/____/____ | <input type="checkbox"/> Weekly (on Mondays) |
| | <input type="checkbox"/> Recur indefinitely | <input type="checkbox"/> Monthly (Note - if using credit card, please circle to indicate if you prefer it be charged on the 2 nd or 4 th Wednesday of the month.) |
| | <input type="checkbox"/> Fixed number of donations: _____ | |

To set up a recurring debit from your checking or savings account, complete the blue box below and attach a voided check.

To set up recurring charge to your credit card, fill out and sign the red box below.

| | | |
|------------------|--|-------------|
| Checking/Savings | Please debit my donation from my (check one): | |
| | <input type="checkbox"/> Checking Account <i>(staple a voided check below)</i> <input type="checkbox"/> Savings Account <i>(contact your financial institution for Routing #)</i> | |
| | I authorize All Souls Church 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. | |
| | Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ | |
| | | |
| | Authorized Signature: _____ | Date: _____ |

| | | | |
|-------------|--|------------------------|-----------------|
| Credit Card | Credit Card Number: _____ | Expiration Date: _____ | CVC Code: _____ |
| | Name on card: _____ | | |
| | Billing Address: (if different than above) _____ | | |
| | I authorize All Souls Church to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____ | | |

ALL SOULS

A Unitarian Universalist Congregation

*If you would like to make a pledge or a gift of securities, please contact
All Souls' Executive Director Eileen Macholl
at (212)535-5530 or Eileen@AllSoulsNYC.org.*