

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS
(CHECKING/SAVINGS ACCOUNT)**

Envelope #: _____ (leave blank)

Name on Account (please print) _____

Address _____

City _____ State _____ Zip _____

CONTRIBUTION INFORMATION

Please accept my contribution of \$ _____

- on the _____ of every month (day of the month, e.g. 15th),
- on _____ of every week (day of the week, e.g. Friday),
- each quarter (four times per year),
- each year,
- one time only

beginning on _____ (month/day/year of 1st contribution).

CREDIT CARD

Please charge my contributions to my: Visa MasterCard American Express Discover Card

Credit Card Number _____ Expiration Date _____

I authorize **Unitarian Universalist Church of South County** and **Vanco Services, LLC** to charge my credit card according to the contribution information above.

Signature (as it appears on the credit card) _____ Date _____

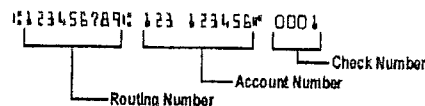
CHECKING/SAVINGS ACCOUNT

Please debit my ongoing contribution from my (check one):

- Checking Account — *attach a voided check*
- Savings Account — *contact your financial institution for the appropriate Routing Number*

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number _____



I authorize **Unitarian Universalist Church of South County** and **Vanco Services, LLC** to process monthly debit entries from my account according to the contribution information above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination. I also understand that there will be a **\$5.00** fee automatically charged to my account for each transaction returned due to insufficient funds (NSF).

Authorized Signature: _____ Date: _____