

AUTHORIZATION FORM:

Please mail in, drop off, or email a PDF to: office@peaceucc.org
PEACE UNITED CHURCH OF CHRIST, 1111 N 11TH AVE E, DULUTH MN 55805

Envelope # _____ (leave blank if unknown)		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 bank information	<input type="checkbox"/> Stop electronic payments	
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"/> Twice/month <input type="checkbox"/> Other _____			
Date of first payment: ____/____/____ Amount of recurring payment: \$ _____			
Date and amount of one-time payment (if applicable): ____/____/____ \$ _____			
CHECKING / SAVINGS	Please debit payment from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Valid Routing # must start with 0, 1, 2, or 3
	<input type="checkbox"/> Checking Account (attach a voided check)		Account Number: _____
<p style="font-size: small; margin-left: 100px;"> ⑆ 23456789⑆ 123 23456⑆ 000⑆ └─── Routing Number └─── Account Number └─── Check Number </p>			
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, if available, over the credit card section.
Questions? mali@peaceucc.org (218) 724-3637 ext. 204