

# UNITARIAN CHURCH OF HARRISBURG

## DIRECT PAYMENT AUTHORIZATION

### 1. Member Information:

Member Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Day) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone (Evening) \_\_\_\_\_

### 2. Financial Information:

Financial Institution's Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Financial Institution's 9 digit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

(Obtain from the left side of a voided check or from a savings account deposit ticket or contact your financial institution)

Checking OR Savings (Please circle one)

### 3. Authorization:

I wish to give: \$\_\_\_\_\_ to the Operating budget

Weekly (transferred on Mondays)

Semi-monthly (transferred on the Monday following the 1<sup>st</sup> and 15<sup>th</sup> of each month)

Monthly (transferred on the Monday following the 1<sup>st</sup> Sunday of each month)

I wish to give: \$\_\_\_\_\_ to the Endowment Fund

Weekly (transferred on Mondays)

Semi-monthly (transferred on the Monday following the 1<sup>st</sup> and 15<sup>th</sup> of each month)

Monthly (transferred on the Monday following the 1<sup>st</sup> Sunday of each month)

I authorize and request the Unitarian Church of Harrisburg to process debit entries to my account as specified above. I have attached a voided check or a savings deposit slip. This authority will remain in effect until I notify the Unitarian Church of Harrisburg in writing to either change the information above or to terminate this authorization (please give 7 days notice).

X \_\_\_\_\_

Authorized signature on account

X \_\_\_\_\_

Authorized signature on account (joint owner)

Date \_\_\_\_\_