Authorization Agreement For Automatic Pledge Payments

I (we) hereby authorize University Christian Church to initiate debit entries and to initiate, if necessary, credit entries and adjustments for debit entries in error to my (our) checking account or charge card as indicated below.

❑ **Visa** ❑ **MasterCard**

NAME: (As shown on Credit Card):	
Credit Card Account No.:	
Credit Card Expiration Date:	
3-digit Security No.	
Address (Street, City, Zip):	
Day time telephone number:	

❑ **Bank / Checking Account (ACH)** **Please attach a VOIDED Check**

NAME: (As shown on account):	
Transit/Routing No.:	
Bank Account No:	

Desired Frequency of Automatic Debit: ❑ Monthly ❑ Quarterly
Date you wish the transaction to be processed: ❑1st ❑15th

Email Address to send payment receipts to: _____

Would you like to receive a giving statement via email? ❑Yes ❑No
All contribution statements will be sent quarterly.

Divide each payment as follows:

Current Annual Commitment	$
Other:_____	$
Other:_____	$
Other:_____	$
Total of <u>Each</u> Automatic Debit	$

This authority is to remain in full force and effect until University Christian Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford University Christian Church a reasonable opportunity to act on it.

Signature: _____ Date: _____