

Unitarian Universalist Church Of Silver Spring Annual Pledge Automatic Contribution Authorization Form



Please print and send this form to (do not email):
UUCSS Collector
10309 New Hampshire Ave
Silver Spring MD 20903

FOR OFFICE USE ONLY	PLEDGE UNIT #	DATE
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 banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State Zip
Email Address		
Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____		
Date of first payment: ____/____/____ Amount of recurring payment: \$_____		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <small> ⑆ 23456789 ⑆ 23 23456 ⑆ 000 ⑆ └──────────┘ └──────────┘ └──────────┘ Routing Number Account Number Check Number </small>
	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: _____

If using a checking account, please attach a voided check to this page.

Automatic Processing Services: UUCSS partners with Vanco for processing of secure automatic deductions.

Privacy: This document will be stored securely for 2 years and then destroyed in accordance with ACH rules. Vanco's privacy policy is available online: <https://www.vancopayments.com/privacy>