ELECTRONIC GIVING FORM

Unity Presbyterian Church, Denver, NC

| FOR OFFICE USE ONLY | | ENVELOPE/DONOR # | | DATE | |
|-------------------------|---|---|--|------------------------|--|
| | | New authorization \Box 0 | Change donation amount Discontinue electronic dona | ☐ Change donation date | |
| Last Name | | | First Name | | |
| Address | | | | | |
| City | | | | State Zip | |
| Email Address | | | | | |
| DATE OF FIRST DONATION: | | FREQUENCY OF DONATION: Weekly – Mondays Monthly on the 1st Monthly on the 15th | FUNDS: General/Operating Building Other | \$ \$ \$ | |
| | | | Тс | otal from above \$ | |
| CHECKING / SAVINGS | Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below) | | Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Literal Start Start with 0, 1, 2, or 3 Account Number: Check Number Routing Number | | |
| | 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 | Card Brand (check one): | ☐ Visa ☐ MasterCard | ☐ American Express | ☐ Discover Card | |
| | Card Number: | | Expiration | Expiration Date: | |
| | Name on Card: | | | | |
| | Billing Address (if different from above): | | | | |
| | I authorize the above organization to process transactions in accordance with the information above. | | | | |
| | Signature (as it appears on the | card): | | Date: | |

If using a checking account, please attach a voided check over the credit/debit card section above.

If you have questions about this form, please contact the church office at 704-483-5266.