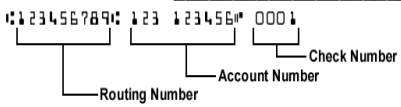


# VANCO ACH OR CREDIT CARD CONTRIBUTION AUTHORIZATION FORM

## First Unitarian Church of Omaha

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
<b>Effective date of authorization:</b> ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorizatio <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
<b>Date of first donation:</b> ____/____/____	<b>Frequency of donation:</b> (please check one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Twice a month (on the 1 <sup>st</sup> and 15 <sup>th</sup> ) <input type="checkbox"/> One Time	<b>Amount of first donation:</b> \$ _____  <b>Amount of last donation (optional):</b> \$ _____
<b>Date of last donation (optional):</b> ____/____/____		
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
	<input type="checkbox"/> I agree to contribute 1% extra to help cover the processing fees. 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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	<input type="checkbox"/> I agree to contribute 2.75% extra to help cover the processing fees. 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.*