

EZ GIVING RENAISSANCE UNITY AUTOMATIC WITHDRAWAL AUTHORIZATION/CANCELLATION

Check One

Authorize

Cancel

Date ____/____/____ Donor # _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Charge My/Our: Credit Card Number _____

Expiration Date _____

Checking - Account Number _____

Savings - Account Number _____

Bank Transit Route Number _____

(this is the 9-digit number that appears before the account number on your check)

Bank Name _____ Branch _____

Bank Address _____

State _____ Zip _____ Phone (_____) _____

Debits will be made weekly or monthly beginning (Date) _____ 20____

Apply my contribution to:

	Debit Amount	Date to Begin	Date to End
General Fund	\$ _____.00	____/____/____	____/____/____
Media Outreach	\$ _____.00	____/____/____	____/____/____
Other*	\$ _____.00	____/____/____	____/____/____

*name of program or designation

TOTAL CONTRIBUTION \$ _____.00

I authorize you to pay and charge to my account debits drawn on my account and payable to the order of Renaissance Unity, Warren, MI. I agree that your rights in respect to each such debit shall be the same as if it were drawn against my account with your bank and signed personally by me.

PLEASE ATTACH A VOID CHECK OR DEPOSIT SLIP TO THIS FORM

Member Name (Please Print) _____

Member Signature _____

OFFICE USE ONLY

Data Input Completed By _____ Date ____/____/____