



Authorization for Credit Card Use

COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Zip Code _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (CVV2): _____ (last 3 to 4 digits located on the back of the credit card or front of card for AmEx)

Monthly Amount to Charge: \$ _____ Start Date: _____

_____ Initial here to add monthly charge to help cover costs of processing credit card fees.

I hereby authorize Birmingham Unitarian Church (BUC) to initiate charges to my account named above. I also authorize BUC to make deposits to this account in the event that an entry is made in error.

Further, I agree not to hold BUC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until BUC receives a written notice of cancellation from me or my financial institution, or until I submit a new Authorization form to the BUC office.

Cardholder – Please Sign and Date

Signature: _____

Print Name: _____

Date: _____

Phone: _____ Email: _____



Electronic Funds Transfer (EFT)

COMPLETE THIS AUTHORIZATION APPLICATION
All information will remain confidential

Name of Financial Institution _____

Routing Number (9 digits) _____

Account Number _____

Monthly Amount to Charge: \$ _____ Start Date: _____

_____ Initial here to add monthly charge to help cover costs of processing EFT Fees.

I hereby authorize Birmingham Unitarian Church (BUC) to initiate automatic withdrawals from my account at the financial institution named above. I also authorize BUC to make deposits to this account in the event that an entry is made in error.

Further, I agree not to hold BUC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until BUC receives a written notice of cancellation from me or my financial institution, or until I submit a new EFT Authorization form to the BUC office.

Please Sign and Date:

Signature: _____

Joint Signature: _____

Print Name(s): _____

Date: _____

Mailing address: _____

City, ST Zip: _____

Phone: _____ Email: _____