

**MORRISTOWN UNITARIAN FELLOWSHIP  
PAYMENT MANAGEMENT AUTHORIZATION FORM**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_

I authorize Morristown Unitarian Fellowship to manage my automatic payments.  
I may change or cancel this agreement with written notification or an email notification to [pledge@muuf.org](mailto:pledge@muuf.org). (Select one of three options below and select payment schedule choices)

I authorize the Fellowship to continue using my/our 2015-16 arrangements for electronic pledge payments for either bank withdrawal or credit card option (my information is on file).  
My credit card's most current expiration date (mm/yy) \_\_\_\_\_ / \_\_\_\_\_

I authorize the Fellowship to debit my checking account \$\_\_\_\_\_ from July 2016 - June 2017.

- Monthly on or about the  1st or  15th business day of each month.
- Quarterly on or about the  1st or  15th day of July, Oct, Jan, and April.
- One-Time on or about the  1st or  15th day of the month of \_\_\_\_\_.

Bank: \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Check One:  Checking (attach a voided check)       Saving

I authorize the Fellowship to charge my credit card \$\_\_\_\_\_ from July 2016 - June 2017.

- Monthly on or about the  1st or  15th business day of each month.
- Quarterly on or about the  1st or  15th day of July, Oct, Jan, and April.
- One-Time on or about the  1st or  15th day of the month of \_\_\_\_\_.

Check one:     Visa     MasterCard     Discover

Card# \_\_\_\_\_ Expiration Date(mm/yy) \_\_\_\_ / \_\_\_\_

Name as it appears on card \_\_\_\_\_

Card Billing Address (if different from above) \_\_\_\_\_

**Recommended:** I will give an additional 2.75% to offset the credit card processing fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_