

**MORRISTOWN UNITARIAN FELLOWSHIP  
PAYMENT MANAGEMENT AUTHORIZATION FORM**

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

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

- I authorize the Fellowship to continue using my/our 2016-2017 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 2017 - June 2018.
- 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 2017 - June 2018.
- 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: \_\_\_\_\_