



**UNITY RENAISSANCE
AUTOMATIC AUTHORIZATION
TITHE FORM**

CHECK ONE:

- ◇ **REGULAR WITHDRAWAL**
- ◇ **1 TIME GIFT**
- ◇ **CHANGE WITHDRAWAL AMOUNT**
- ◇ **CANCELLATION**

Date ___/___/___ Donor # _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email: _____

Charge My/Our:

◇ Credit Card Number _____
CVC 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	___/___/___	___/___/___
◇ Angel Fund	\$ _____ .00	___/___/___	___/___/___
◇ Other Designation*	\$ _____ .00	___/___/___	___/___/___

*Other Designation Name _____

TOTAL CONTRIBUTION \$ _____.00****

I authorize you to pay and charge to my account debits drawn on my account and payable to the order of Unity Renaissance, Chesapeake, VA. 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.

Member Name (Please Print) _____

Member Signature _____

OFFICE USE ONLY

Data Input Completed By _____

Date ___/___/___