



**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
<input type="checkbox"/> <b>General Fund</b>	\$ _____. <b>00</b>	___/___/___	___/___/___
<input type="checkbox"/> Angel Fund	\$ _____. <b>00</b>	___/___/___	___/___/___
<input type="checkbox"/> Other Designation*	\$ _____. <b>00</b>	___/___/___	___/___/___

\*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 \_\_\_/\_\_\_/\_\_\_