



Upper Dublin Monthly Meeting  
(Society of Friends)

<b>For Office Use Only</b>	<b>Donor #</b>	<b>Date:</b>
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation		
<b>Last Name</b>		<b>First Name</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>		
<b>Email Address</b>		
<b>Date of first donation:</b> ____/____/____	<b>Frequency of donation</b> (please check one)  <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> One-Time	<b>Amount :</b>  \$ _____
	<b>Please debit my donation from my (check one):</b>  <input type="checkbox"/> Checking Account (attach a voided check )  <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	<b>Routing Number:</b> _____  <b>Account Number:</b> _____  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><small>YOUR NAME &amp; the Upper Dublin Quakers, PA 19002</small></p> <p><small>DATE: 103</small></p> <p><small>PAY TO THE ORDER OF \$ _____</small></p> <p><small>DOLLARS</small></p> <p> <small>107976666 9779</small> <small>1000 2 7 34 16 78/9</small> <small>10 2 7 3</small>  <small>Routing Number Account Number Check Number</small> </p> </div>
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization:	<b>Authorized Signature:</b> _____  <b>Date:</b> _____

**If using a checking account, please attach a voided check to this page.**

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