



**UUSC Recurring Donation Form
Bank Transfer or Credit Card Authorization**

Name(s) _____

Address _____

Phone: () _____ E-mail _____

Checking (option 1)

I authorize my bank to transfer the amount shown below from my checking account each month. I understand that a record of each charge will be included on my monthly bank statement and will serve as my receipt. I understand that I may cancel my pledge at any time by writing to UUSC. *I have enclosed my **voided check** or my first monthly payment.*

Monthly Gift: _____

_____ **Signature**

Date: _____

Credit or Debit Card (option 2)

I authorize UUSC to transfer the amount shown below from my Credit or Debit account each month. I understand that a record of each charge will be included on my monthly statement and will serve as my receipt. I understand that I may cancel my pledge at any time by contacting UUSC.

Please charge my: AMEX MasterCard Visa Discover

Amount: _____ per month

Credit Card Number: _____ Exp. Date _____

Signature: _____ Date _____

(cardholder)