

# UNITARIAN CHURCH OF HARRISBURG PLEDGE FORM (2017-2018)

1280 Clover Lane Harrisburg, PA 17113 | 1508 Market Street Harrisburg, PA 17103

My/Our Total Pledge of Support is \$ \_\_\_\_\_

## PAYMENT INFORMATION

Equal Payments to be made (choose one):  Quarterly  Monthly  Single Payment  Other  
Method of Payment (choose one):  Check  Credit Card\*  Automatic Bank Transfer\*

*\*UCH receives all of your pledge if you use automatic bank transfer through your bank's online banking.  
If you pay your pledge with a credit card or wish UCH to set up a bank transfer, please complete the information under the Pledge Direct Payment area.*

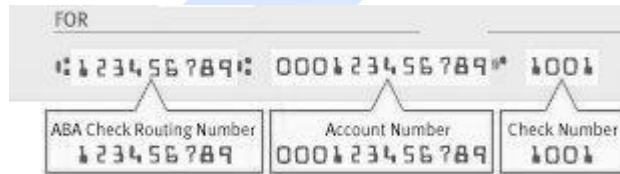
## CONTACT INFORMATION

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email(s): \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## PLEDGE DIRECT PAYMENT

**Automatic Bank Transfer:** Please withdraw funds from my bank account (check one box below).

- Checking account - attach voided check  
 Savings account - contact bank for routing #



Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

*Valid routing # must start with a 0, 1, 2 or 3*

**Date of first contribution/withdrawal:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Credit Card:** Please charge funds to my credit or debit card (check one box below).

- Visa  MasterCard  Other: \_\_\_\_\_

Name on card: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of first contribution/withdrawal:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize the Unitarian Church of Harrisburg and Vanco Services, LLC to debit or charge my account.  
I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date