

**UNITY NORTH ATLANTA CHURCH
CONSCIOUS CONSISTENT GIVING FORM**

Please complete ONE section and place in Sunday basket or return to Main office

Credit Card Information:

I hereby authorize Unity North Atlanta Church to initiate charges to my:

VISA Mastercard AMEX (circle one) Weekly Monthly One Time Gift (circle one)

Card Number _____

Expiration Date _____

Amount to Charge _____ Date to Begin _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

This authorization will remain in effect until Unity North has received written notice from me to discontinue. By signing below, I authorize Unity North Atlanta Church to process these charges as described above.

Signature _____ Date _____

Bank Information for Automated Withdrawal (ACH):

I hereby authorize Unity North Atlanta Church to initiate debit entries to my checking/savings account as indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Name on Account _____

Routing Number _____ Acct Number _____

Amount _____ Checking ___ Savings ___ Monthly Weekly One Time Gift (circle one)

This authorization will remain in effect until Unity North has received written notice from me to discontinue. By signing below, I authorize Unity North Atlanta Church to process these charges as described above.

Signature of Acct Holder _____ Date _____