



Laying the Foundation

THE UNITARIAN CHURCH OF LOS ALAMOS
ANNUAL CANVASS
2011-2012

Part I: Amount

I/We will provide \$_____ per (check one) ___ month ___ year in support of the Unitarian Church of Los Alamos for the 2011-2012 fiscal year.

Name (s): _____

Address: _____

Phone: _____

email: _____

Part II: Method of Giving

Please place a check mark next to ONE option.

I/We will pay by check. Please indicate approximately when you will submit the check (s) to the church.

I/We will set up an automated monthly bank deduction on my/our own. The church's account number is 00-00-2356-01. Monthly deductions would start July 2011.

I/We wish to have the church set up an automated monthly bank deduction for me/us. Complete the Transfer Authorization on the back of this form.

LANB Authorization for Automated Debit Transfer

(If the source account is not LANB, please attach a voided check or deposit slip.)

I authorize Los Alamos National Bank (LANB) to initiate an electronic transfer via the Automated Clearing House (ACH) as noted below:

Customer Namer (print): _____

Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____

Routing Number/ABA: _____ / _____

Circle one: Checking Savings

Account Number: _____

Amount of Electronic Transfer: _____

Frequency (if monthly, specify day of month): _____

Transfer Begin Date: _____

Transfer End Date: _____

OR _____ keep transfer in effect until notified to change/cancel

I understand this authority is to remain in full force and effect until LANB has received notification from me regarding termination in such time and in such manner as to afford LANB a reasonable opportunity to act on it. I also understand this transfer is not immediate: it could take up to two business days to process.

Customer Signature: _____

SSN: _____ / _____ / _____ Today's Date: _____

Los Alamos National Bank Information

Customer Name: Unitarian Church of Los Alamos. Credit to checking account number 00-00-2356-01.

For Bank Use Only

Bank Employee: _____ Date: _____

Authorization Processed by: _____ Date: _____