



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I hereby authorize the UCA Foundation to initiate debit entries and/or credits to the account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This authorization is to remain in full effect until the UCA Foundation has received written notification of its termination in such time and in such manner as to afford the UCA Foundation, Inc. and the financial institution listed below a reasonable opportunity to act on it.

Please contact the UCA Foundation with any account changes in writing **at least ten (10) business days before the scheduled date of transfer**. Failure to do so may result in late payment penalties for debits returned as insufficient funds, account closed or authorization revoked.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below:

Name _____

Address _____ City _____ State _____ Zip _____

Authorizing Name _____

Authorizing Signature _____ Date _____

Phone # _____ Email (Required for ACH stub) _____

Financial Institution Information:

Enter financial institution account information into the fields provided below and attach a blank voided check.

	Financial Institution:		
	City:	State:	Zip Code:
	9 Digit Bank Routing/ABA #:	Account #	
	Type of account (please check a box): <input type="checkbox"/> Checking account <input type="checkbox"/> Business Checking account <input type="checkbox"/> Savings account		