

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize Unitarian Universalist Society:East, hereinafter called UUS:E, to initiate debit entries to my account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Banking Information (Please print all information or attach a voided check if appropriate):

Bank Name: _____

Bank Address: _____

Account Holders Name: _____

Bank Routing Number (ABA) 9 digits _ _ _ _ _

Account Number: _____ **Account type:** ___ Checking ___ Savings

Customer's name: _____

This authorization is to remain in force and effect until UUS:E has received notification from me of its termination in such time and in such manner as to afford UUS:E and DEPOSITORY a reasonable opportunity to act on it.

Signature

Date

Signature

Date

Periodic Transfer Amount \$ _____ **to be transferred** _____ **weekly**

_____ **monthly**

_____ **quarterly**

\$ _____ **Total annual amount**