

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

FOR FISCAL YEAR 2018-2019

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.

UUS:E Member or Friend Name (Please Print): _____

Banking Information (PLEASE ATTACH A VOIDED CHECK or print information on the four lines below if appropriate):

Bank Name: _____

Account Holder's Name: _____

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

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

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 or until July 1, 2019 whichever date occurs first.

Signature

Date

Signature

Date

Amount \$ _____ **to be transferred** ___ **monthly**

 ___ **quarterly**

\$ _____ **Total annual amount**