AUTHORIZATION AGREEMENT FOR EFT PAYMENTS

(Automated Clearing House* [ACH] DEBITS)

I hereby authorize Unitarian Universalist Society East, hereinafter called UUSE, 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.

UUSE 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 in effect until UUSE has received notification from me of its termination in such time and in such manner as to afford UUSE and DEPOSITORY a reasonable opportunity to act on it or until July 1, 20_____ whichever date occurs first.

Signature

Date

Signature

Date

Amount \$______ to be transferred _____monthly or ____quarterly for the UUSE fiscal year beginning July 1, 20_____ through June 30, 20_____

\$_____Total annual amount

*The Automated Clearing House (ACH) is an electronic funds-transfer (EFT) system that facilitates payments in the U.S. and internationally.