



NEIGHBORHOOD UNITARIAN UNIVERSALIST CHURCH

Living Lives of Service, Integrity, and Joy

Authorization for Electronic Fund Transfer

Please read this form carefully and write clearly.

Transactions will be processed on the 5th of each month or next business day thereafter.

A. Please (check one):

Set up new monthly EFT: _____ Cancel Monthly EFT _____

Change Amount of Monthly EFT _____ Change Existing Bank Info _____

B.

Name of Bank: _____

Bank TBA# (routing #): _____ Bank Account#: _____

____ Checking (include voided check) ____ Savings (include deposit slip)

C.

Please transfer \$ _____ each month beginning (month/year) _____

from the bank account listed above to Neighborhood Unitarian Universalist Church, crediting the funds to:

____ Current Operating Pledge ____ Next Year's Pledge ____ Other: _____

Donor Name: _____

Address _____ Zip _____

E-Mail Address _____ Tel# _____

This authorization will remain valid until I change or cancel it in writing.

A new authorization is not required for changes in accordance with changes I make to my monthly pledge.

Signature _____ Date _____