

**Electronic Funds Transfer Authorization
For Monthly Pledge Payments to the
Unitarian Universalist Congregation of the Quad Cities**

I hereby authorize the UUCQC to initiate payments from my checking/savings account shown below and the depository financial institution shown below to debit the same to my account

Beginning _____/_____/_____ debit my _____ account
 (month) (day) (year) (specify checking/savings)

\$_____ monthly (not less than \$10/month)

This authority shall remain in effect until the UUCQC Treasurer receives notice from me changing its terms or revoking it.

My Depository Financial Institution

NAME OF INSTITUTION
ADDRESS
ABA ROUTING NUMBER

Signature(s) _____ Date

Personal Information

PRINT NAME(S) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

*Please attach a **blank check marked 'VOID'**; you may substitute a Deposit Slip if the Financial Institution's ABA Routing Number and your **Account Number** is shown on the slip

