

**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 or 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) _____			
SOCIAL SECURITY NUMBER _____			
(OPTIONAL)			
ADDRESS _____			
Street	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