

**AUTHORIZATION AGREEMENT FOR ORIGINATION
OF DIRECT PAYMENT (ACH DEBITS)**

I (we) hereby authorize BuxMont Unitarian Universalist Fellowship, hereinafter called COMPANY, to initiate debit entries from my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. This amount will be restricted to my (our) monthly pledge.

DEPOSITORY NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

Select one: SAVINGS ACCOUNT _____ CHECKING ACCOUNT _____

Select one: WITHDRAW 1st OF MONTH _____ MID-MONTH _____

This authorization is to remain in full force and effect until COMPANY has received written notification by me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

NAME _____

DATE _____

SIGNED _____

SIGNED _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

If transfers will be made from a checking account, please attach a voided check to this form.