

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)  
OF QUARTERLY DISTRIBUTION AND ADDITIONAL WITHDRAWALS**

UUCEF, LLC Account Name (s) \_\_\_\_\_  
\_\_\_\_\_

UUCEF, LLC Account Number (s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I, on behalf of the above named Congregation hereby authorize **Unitarian Universalist Common Endowment Fund, LLC**, hereinafter called UUCEF, LLC, to initiate credit entries to our Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY (Bank), and to credit the same to such account. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law. The depository will be credited with all quarterly distributions and any additional requested withdrawals. Once authorized, the UUCEF, LLC will no longer send checks unless previous arrangements have been made by the account holder.

Bank Name: \_\_\_\_\_

Branch number or Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Select One: Checking \_\_\_\_\_

Account Number: \_\_\_\_\_ Savings \_\_\_\_\_

***[You MUST ATTACH a check payable from the indicated account marked VOID, to this authorization request to verify accuracy of routing and account numbers.]***

This authorization is to remain in full force and effect until UUCEF, LLC has received written notification from an authorized signer on the account of its termination within 30 days prior to distribution transaction date.

Name \_\_\_\_\_ (Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: THIS AUTHORIZATION MAY BE REVOKED BY NOTIFYING THE UUCEF IN WRITING IN THE MANNER SPECIFIED ABOVE.