Please send completed form and preprinted voided check to UUCEFinvestmentoffice@uua.org.

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/annual distributions and any additional requested withdrawals.

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)

Phone Number_____ (Our bank requires verbal verification of changes to ACH information)

Signature_____ Date_____

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