



Electronic Funds Transfer Authorization

1. Please deposit payments by electronic funds transfer in the following bank account:

Bank Name: _____

Account Number: _____

Bank Address: _____

Checking Savings

Bank Routing number: _____

(Use the number on the bottom left side of your check or you may phone your bank for the information)

2. Please attach a voided check from your checking account or deposit slip from your savings account.

3. Direct Deposit Authorization

Credit entries/necessary adjustments for this account are authorized by signing below.

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Name of Church/Organization: \_\_\_\_\_

Officer and Attesting Officer sign below:

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Mail this form and a voided check to:**

**Account Numbers:**

**United Church Foundation  
475 Riverside Dr. Suite 1020  
New York, NY 10115  
877-806-4989  
www.ucfoundation.org**

**Email address for confirmation of deposit:**

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