



Electronic Funds Transfer (EFT) Authorization

Mail completed form to:

United Church Funds, Inc. • 475 Riverside Drive Suite 1020 • New York NY 10115

1

UCF Investor, _____ CHURCH/ORGANIZATION NAME _____

authorizes all account withdrawals and income distributions from UCF account number(s)

_____ UCF ACCOUNT NUMBER(S) _____

to be deposited by EFT to the following bank account —

BANK NAME _____

BANK ADDRESS _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

Use the number between the colons on the bottom left side of your check.

EMAIL ADDRESS FOR CONFIRMATIONS —

2

Signed —

Signed —

Signature of Authorized Officer

Signature of Attesting Officer

(Print) Name & Title

(Print) Name & Title

Date _____

Date _____

3

Attach a voided check from church/organization's checking
(or a deposit slip if designated account is a savings account).

Questions?

Call UCF at 877-806-4989 or email us at info@ucfunds.org