

TRANSFER TO/FROM EXTERNAL FINANCIAL INSTITUTIONS

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM

To establish banking instructions for deposits and/or withdrawals between UCF accounts and your organization's financial institution, please provide the following information. Send completed form to UCF's Client Services team at info@ucfunds.org

1. UCF CLIENT INFORMATION (all required fields)

Date of Request: _____ Account Number(s): _____

Account Name(s): _____

☐ Check here if the information is to replace the current Bank Account (Last 4 Digits): _____

☐ Check here to apply this to current recurring/scheduled deposits and/or withdrawals

2. FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Routing Number: _____

Client Account Number at Financial Institution: _____

Account type: ☐ Checking ☐ Savings

Please Attach a voided check or other confirmation of banking information.

3. AUTHORIZATION INFORMATION

The following organization authorizes United Church Funds to process all deposits and withdrawals, including all income distributions, by Electronic Funds Transfer (EFT) to/from the financial institution information listed above.

Authorized Officer Name: _____ Signature: _____

Organization Name: _____ City and State: _____

Officer Email: _____ Phone: _____