

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM

FOR TRANSFERS TO OR FROM EXTERNAL FINANCIAL INSTITUTIONS

Use this form to establish or update banking instructions for electronic transfers between UCF account(s) and the Organization's external checking or savings account.

This form authorizes UCF to use the external bank account identified below for deposits, withdrawals, quarterly income distributions and other transactions that are separately requested or otherwise authorized in writing and accepted by UCF. This form does not, by itself, request a deposit, withdrawal, distribution or other transaction. Requests are subject to UCF's review, acceptance, administrative procedures, verification requirements, banking requirements and any applicable account restrictions. UCF may contact the Organization to confirm instructions before processing. The Organization's participation in UCF's pooled investment funds is governed by the Master Participation Agreement or other applicable account agreement with UCF.

Secure Submission

For your protection, forms containing banking information, account numbers, donor information or other sensitive data should be submitted through [UCF's secure upload page](#) whenever possible. Completed forms may also be submitted to UCF Client Services at info@ucfunds.org.

1. ORGANIZATION INFORMATION

Organization Name: _____

UCF Account Number(s): _____

UCF Account Name(s): _____

Please select all that apply:

- ☐ Establish new external banking instructions.
- ☐ Replace existing external banking instructions currently on file.
Last four digits of current bank account (if known): _____
- ☐ Apply these banking instructions to existing recurring or scheduled deposits and/or withdrawals.
- ☐ Apply these banking instructions to quarterly income distributions paid to the Organization.

Important: If neither of the final two options is selected, UCF may continue to use the banking instructions currently on file for recurring or scheduled transactions and quarterly income distributions until updated instructions are received and accepted.

2. EXTERNAL FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Financial Institution Address: _____

Account Registration (as shown by the bank): _____

Routing (ABA) Number: _____

Account Number: _____

Account Type (select one): ☐ Checking ☐ Savings

Important: The external bank account must be held in the name of the Organization. UCF cannot process EFT transactions to or from personal bank accounts or external investment accounts.

3. REQUIRED SUPPORTING DOCUMENTATION

Please attach documentation from your financial institution that confirms the account routing number, account number, account type and account ownership. Acceptable documentation includes a voided check, bank letter, account statement or other official bank document.

Description of Attached Documentation: _____

4. AUTHORIZATION

By signing below, the Authorized Officers certify that they are authorized to provide the banking, EFT, deposit, withdrawal, income distribution and related account instructions set forth in this form on behalf of the Organization. UCF may rely on these instructions in accordance with the Organization's Master Participation Agreement or other applicable account agreement with UCF.

The Organization authorizes UCF to use the external financial institution information provided in this form for EFT transactions that are separately requested or otherwise authorized in writing and accepted by UCF.

Two authorized signatures are required. UCF may contact the Organization to verify these instructions before processing.

Authorized Officer Name: _____

Signature: _____ Date: _____

Authorized Officer Name: _____

Signature: _____ Date: _____