



AUTOMATIC DEBIT AUTHORIZATION FORM

To initiate an automatic debit from your checking account, complete the form below, place in a sealed envelope in the black box in the office foyer or deliver to: **Attn: Data Administrator, UUCA, One Edwin Place, Asheville, NC 28801**

Name of account holder(s): _____

e-mail address to associate w/account: _____

I/We would like our contributions to be automatically deducted from my/our bank account as follows:

Circle One: Weekly Bimonthly Monthly Quarterly Bi-Annually Annually
1st & 15th of month *1x every 3 months* *2x every 6 months*

\$ _____ starting _____ *
(reoccurring amount) *(month/day/year)*

*if the date selected falls on a weekend or holiday, your account will be auto-debited the following business day.

I/We authorize UUCA to credit the donation to:

Circle One: Financial Commitment Capital Campaign Other: _____

I/We authorize UUCA to use the bank account as shown on **attached voided check**.

Routing # : _____ Account#: _____

I/We understand that this authority will remain in effect until I/We provide reasonable notification in writing to terminate or otherwise alter this authorization. I/We acknowledge that a **\$10 fee will be charged if the automatic debit is rejected by my/our bank**.

signature

signature (if joint acc.)

date

date

Keep this bottom portion for your records:



I am donating _____ per _____ starting on _____ via autodebit.
amount frequency date

Once enrolled, your automatic debit will remain in effect until you provide notification otherwise. To modify or suspend your automatic debit:

a) we must receive your request in writing. Allow 2 weeks for the change to take effect.

- OR - b) Go on the **uuasheville.org** website to modify or cancel your contribution. Click the yellow **DONATE** button and create a login using the e-mail address you listed on this form.