



First Universalist Unitarian Church
 504 Grant St.
 Wausau, WI 54403
 (715) 842-3697 www.uuwausau.org

AUTHORITY TO DRAFT ACCOUNT

NAME (S) _____ Date _____

I/We authorize the First Universalist Unitarian Church to issue drafts against my bank account in the amount of \$_____monthly. (minimum draft is \$20 per transaction) The date for transfer will be on the fifth (5th) working day of each month.

Please take my contribution directly from my:

- Checking account (please attach a voided check)
- Savings account (please attach a savings deposit slip)

The First Universalist Unitarian Church is further authorized to begin processing drafts against my account on _____, 20_____, and to continue to process drafts in the above amount.

Your Bank ABA Number _____(first 9 digits at bottom left of check)

Bank Account Number _____(next 10 digits at bottom of check)

Title/Name(s) on Account _____

Authorized Account Signature(s) _____

The authorization is to remain in full force and effect as outlined above until the First Universalist Unitarian Church has received written notification from me of its termination and has had reasonable opportunity act on it.

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP TO THIS COMPLETED FORM AND RETURN TO:

First Universalist Unitarian Church
 504 Grant Street
 Wausau, WI 54403
 715.842.3697
 or
 Drop form off at the Church Office