

The Window of the Moment, Open to the Sky of the Eternal

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

Authority to Draft Account

NAME (S) _____ Date _____

I/We authorize the First Universalist Unitarian Church of Wausau 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 of Wausau 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 of Wausau has received written notification from me of its termination and has had reasonable opportunity act on it.

Please attach a voided check or deposit slip