



Electronic Funds Transfer (EFT/ACH) Authorization Form

First Name	Middle Name or Initial	Last Name
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Payment Plan

Frequency/Amount:

Every: _____ Day(s) Week(s) Month(s) Payment Amount \$ _____

Start Date: Month: _____ Day: _____ Year: _____

End Date: Month: _____ Day: _____ Year: _____

Your Financial Institution Information

Staple cancelled or voided check

Please staple a cancelled or voided check to this authorization form.

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Unitarian Universalist Congregation of Princeton (UUCP) and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the UUCP and bank reasonable opportunity to act (minimum 30 days.)

I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the UUCP is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new authorization form.

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to the Unitarian Universalist Congregation of Princeton 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the UUCP due to NSF (non-sufficient funds.) I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law) which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Unitarian Universalist Congregation of Princeton harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Your Signature: _____ Date: _____

Second authorized signature
on bank account, if required: _____ Date: _____

Please return your completed form to the UUCP Administrator
50 Cherry Hill road, Princeton, New Jersey, 08540-7626
phone: 609-924-1604 x10 fax: 609-924-0533 e-mail: office@uuprinceton.org
...dedicated to building the beloved community on earth...