



Direct Deposit Authorization for Electronic Reimbursements and 1099 Payments to Individuals

Payee Information (PAYEE MUST ALSO COMPLETE THE REVERSE SIDE OF THIS FORM)

Payee Name: _____

E-mail Address:¹ _____

Payment Type (check one)

Reimbursement Complete this form, attach the requisite financial institution document, please **DO NOT COMPLETE** the 1099 Payment section below, and submit the completed and signed/dated form to the UUCA office.

1099 Payment Complete this form and attach the requisite financial institution document, complete the 1099 Payment section below, and submit the completed and signed/ dated form to the UUCA office.

Payee SSN/EIN: _____

Payee Street Address: _____

Payee City/State/ZIP Code: _____

Direct Deposit Authorization

I hereby authorize The Unitarian Universalist Congregation of Atlanta Inc. ("UUCA") to initiate ACH entries to the designated checking and/or savings account(s) at the financial institution(s) listed below; I understand and agree that this authorization will remain in full force and effect until such time that UUCA is notified by me in writing to cancel such authorization in such sufficient time of not less than five (5) business days so as to afford UUCA and UUCA's financial institution a reasonable opportunity to act on it. I hereby authorize UUCA and UUCA's financial institution to initiate adjustments to my designated checking and/or savings account(s) at the financial institution(s) listed below for any entries credited or debited in error; I understand and agree that such adjustments may of necessity occur after such time that UUCA was notified of cancelation of such authorization.

Direct Deposit Information

Account Type (check one):

Checking: Attach a voided check (not a deposit ticket) OR the ACH Direct Deposit account specifications document provided by your financial institution.

Savings: Attach the ACH Direct Deposit account specifications document provided by your financial institution.

Financial Institution Name: _____

¹ Required for notification of payment initiation

Authorized Signatures

By signing below, I agree that I am either the accountholder or have the authority of the accountholder to authorize UUCA to initiate ACH entries to the account(s) designated on the preceding page:

Payee Name: _____

Payee Signature: _____

Date: _____

If payee does not have authority to authorize initiation of ACH entries to the account(s) designated above:

Accountholder Name: _____

Accountholder Signature: _____

Date: _____

Attach Voided Check Here

UUCA Office use only

Date input into ACS:	Time input into ACS:	Signature:
Date verified in ACS:	Time verified in ACS:	Signature: