



UUCA Employee Direct Deposit and Direct Debit Authorization

Employee Information

Employee Name: _____

Employee Title: _____

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 during the term of my employment or until such earlier 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 the term of my employment and/or after such earlier time that UUCA was notified of cancelation of such authorization.

Payroll Deposit via ACH credit (check Account No. 1 or both)

- Account No. 1 (check one):
 - Checking (attach a voided check—not a deposit ticket—OR the financial institution's specifications)
 - Savings (attach the financial institution's specifications)

Financial Institution Name: _____

- Deposit Amount (check one):
- Entire net pay
 - _____%* of net pay
 - Specific amount _____**

- Account No. 2 (optional, check one):
 - Checking (attach a voided check—not a deposit ticket—OR the financial institution's specifications)
 - Savings (attach the financial institution's specifications)

Financial Institution Name: _____

- Deposit Amount (check one):
- _____%* of net pay
 - Specific amount \$ _____**

* must total to 100%

** must total to entire net pay

Reimbursement Deposit via ACH credit (check one)

- Account No. 1 (above)
- Account No. 2 (above)
- Account No. 3 (check one):
 - Checking (attach a voided check—not a deposit ticket—
OR the financial institution’s specifications)
 - Savings (attach the financial institution’s specifications)

Financial Institution Name: _____

Deposit Amount: Entire reimbursement amount

Automatic Pledge Payments via ACH debit (check one)

- No automatic pledge payment
- Account No. 1 (above)
- Account No. 2 (above)
- Account No. 3 (above)
- Account No. 4 (check one):
 - Checking (attach a voided check—not a deposit ticket—
OR the financial institution’s specifications)
 - Savings (attach the financial institution’s specifications)

Financial Institution Name: _____

Deposit Amount: Entire reimbursement amount

Authorization

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) at the financial institution(s) designated above:

Employee Name: _____

Employee Signature: _____

Date: _____

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

Accountholder Name: _____

Accountholder Signature: _____

Date: _____