



## UnitedOne Credit Union ACH ORIGINATION FORM

### AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize UnitedOne Credit Union to initiate electronic entries from my account. These funds will be deposited into the account of St. Thomas the Apostle Catholic Community. This authority will remain in effect until I notify UnitedOne Credit Union in writing to cancel it at least three business days prior to the date of the transaction. I can stop payment on the transaction listed below by notifying UnitedOne Credit Union at least three business days prior to the date of the transaction. By signing this, I agree to the terms listed on this authorization form.

Name \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ (select Checking or Savings from other Financial Institution listed below)

Name of other Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

First Payment Date (allow 5 days for processing) \_\_\_\_\_

Choose one of the payment options below:

FREQUENCY: Monthly

UnitedOne Credit Union Account: St. Thomas the Apostle Catholic Community

Description of Payment (circle one) Tithing Sacrificial Giving or Capital Improvements  
15<sup>th</sup> of each month 25<sup>th</sup> of each month

Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For internal use only

CU Employee Receiving form: \_\_\_\_\_ Date \_\_\_\_\_

Transfer Set up by: \_\_\_\_\_ Date \_\_\_\_\_