



UnitedOne Credit Union ACH ORIGATION 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
15th of each month 25th of each month

Amount \$ _____

Signature _____ Date _____

For internal use only

CU Employee Receiving form: _____ Date _____

Transfer Set up by: _____ Date _____