



SUSTAINING CIRCLE AT UCP

We invite you to join our convenient monthly donation program. Your support will assist adults, children and families who experience disabilities to live the life of their dreams!

Your bank (or credit card institution) will transfer your monthly contribution on a predetermined date each month. Each transaction will be recorded as a deduction on your bank or credit card statement.

Simply complete and sign this agreement, and return it to UCP with a voided check.

AUTHORIZATION AGREEMENT FOR UCP AUTOMATIC TRANSFER OF FUNDS

I authorize and request UCP to initiate electronic entries or use any other commercially accepted practice to charge my bank account (indicated below). I authorize and request the institution to honor the entries initiated by UCP. This authorization will remain in effect until I request cancellation, which will require my notifying UCP in writing.

Financial Institution Name: _____

Routing # or Type of Credit Card: _____

Bank Account or Credit Card #: _____ Exp. Date: _____

3-digit Authorization Code: _____ Name as It Appears on Card: _____

Your Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Transfers to occur on the () 15th of each month or () 30th of each month. If a payment is due on a weekend or holiday, UCP will initiate a transfer on the next business day.)

Monthly amount to be transferred to UCP \$ _____

Start Date (month and year): _____

Your Signature: _____ Today's Date: _____

Signature of anyone else who is required to approve the withdrawal of funds from this account:
