



# Automatic Contribution Authorization

New \_\_\_\_\_ Change \_\_\_\_\_ Cancel \_\_\_\_\_

Use this form to authorize UBC to make automatic withdrawals from your chosen bank or credit union. Please make sure all of the information you provide is correct, then forward the completed form to the Accounting Office. If you have any questions, please contact the Senior Accountant 281-488-8517. The contributor is responsible for timely changes to this authorization.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### ACCOUNT INFORMATION

Attach a blank voided check.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Distribution of Funds:		Amount
Budget:	Mission Track UBC _____ SBC _____ CBF _____	_____
Other:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	TOTAL	_____

Amount deducted on the 3rd of the month \_\_\_\_\_

Amount deducted on the 18th of the month \_\_\_\_\_

Amount deducted on the 3rd and the 18th of the month \_\_\_\_\_

### Date and Signature

Contributor: \_\_\_\_\_

Accounting Office: \_\_\_\_\_

Start Date: \_\_\_\_\_

Notes: \_\_\_\_\_