



Automatic Contribution Authorization

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, along with a blank voided check, to the UBC Accounting Office. The contributor is responsible for timely changes to this authorization. If you have any questions, please contact the Senior Accountant 281-488-8517.

- NEW
- CHANGE
- CANCEL

Name _____

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	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
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 _____

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