



# Ukrainian National Association, Inc.

2200 State Route 10, Parsippany, NJ 07054

(800) 253-9862, ext. 3021

banach@unainc.org

[www.unainc.org](http://www.unainc.org)

## AUTHORIZATION TO HONOR CHECK DRAFTS AND OTHER ORDERS DRAWN

*(For transferring funds from your Financial Institution to UNA, Inc.)*

New Request

Change to Existing

Cancel Existing

First Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 of SSN: \_\_\_\_\_

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

*(Is this a new address?  Yes  No)*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Phone: \_\_\_\_\_

Please complete the following information:

Authorized amount: \$ \_\_\_\_\_

Authorized month \_\_\_\_\_ and day \_\_\_\_\_ to apply electronic payment.

Desired Frequency of Electronic Payment:

Monthly

Quarterly

Semi-Annually

Annually

FOR ELECTRONIC PAYMENT  
A VOIDED CHECK IS REQUIRED

*(Please attach here with tape)*

As a convenience to me; I hereby request and authorize you: to pay and charge my account; checks, drafts and other orders drawn on; or against my account; by and payable to Ukrainian National Association, Inc. Parsippany, NJ; provided there are enough funds collected in my account; to pay same upon presentation. I understand that the term "order"; as used in this agreement; shall include; without limitation: any order for electronic transfer of funds. I agree that: your rights with respect to each such check draft or order; shall be the same as if; such were a check drawn on my account with you and signed personally by me. This authority shall remain in effect until revoked by me in the manner provided by law. Until you actually receive such notice, I agree that you shall be fully protected in honoring any such check, draft or order.

Owner's Signature Required \_\_\_\_\_

Date \_\_\_\_\_