



**Please return to:**

*UCO-UM  
715 E Huron St, Ste 2W  
Ann Arbor, MI 48104*

**ACH Authorization Form**

I hereby authorize UCO-UM to initiate automatic transfers from my bank account.

Account #: \_\_\_\_\_ Bank routing #: \_\_\_\_\_

Bank name: \_\_\_\_\_ Amount: \_\_\_\_\_

Frequency: Quarterly Monthly\* Weekly\* Start date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Address, City, State, Zip

\*Please note if you are weekly or monthly donor that it will take 2-3 weeks to process your request so we would appreciate you making the current donation as you have in the past.