

**Bellingham Unitarian Fellowship**  
1207 Ellsworth Street, Bellingham, WA 98225  
360-733-3837; [admin@buf.org](mailto:admin@buf.org)

**Authorization Agreement for  
Electronic Fund Transfer (EFT) for  
Monthly BUF Pledge Payments**

I (We) hereby authorize the Bellingham Unitarian Fellowship (BUF) and Breeze CHMS, to initiate debit entries to my (our) checking account each month beginning in month/year \_\_\_\_\_.

I understand that I may terminate this authority either in person or in writing to the BUF office.

**Name (print):** \_\_\_\_\_ **Monthly donation** \_\_\_\_\_

Signature on bank acct. \_\_\_\_\_ Date \_\_\_\_\_

Signature on bank acct. \_\_\_\_\_ Date \_\_\_\_\_

**\*\* New EFT contributors and/or account changes must include a voided check. \*\***