



Unlimited Potential, Inc.

Automatic Account Withdrawal

Authorization

I authorize UPI and the financial institution below to initiate entries to my/our checking.savings account. This authority will remain in effect until I/we notify UPI in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Bank Name _____

Bank Phone _____

Bank Routing Number _____

Account Number _____

Please transfer my contribution from my: _____ Checking Account _____ Savings Account

Transfers will occur on Mondays. If you choose to contribute monthly, please indicate which Monday of the month you prefer the transfer to be made: _____ 1st _____ 2nd _____ 3rd _____ 4th

Agreement

I understand and agree that my bank is responsible for the accurate and timely posting of my electronic giving contributions. If an error should occur, I will work directly with the UPI Administrator to correct the problem.

Signature _____ Date _____

Send this form to your bank or financial advisor.