

CRPRUS CREDIT UNION
P.O. BOX 9002
WEST JORDAN, UTAH 84084

ACH ORGINIATION AUTHORIZATION

CYPRUS ACOUNT # 858

SHARE TYPE S8

MEMBER NAME U-SA CARES FOR LIFE (a 501c3 non profit organization)

DAYTIME PHONE: 801-860-3851

AMOUNT TO BE DEDUCTED: _____

DATE (OF THE MONTH) TO START _____

NAME OF BANK OR C.U. _____

BANKS ROUTING # _____

ACCOUNT # _____ (CHECKING ASSUMED, NOTE OF OTHERWISE)

ACCOUNT HOLDER'S NAME _____

SOCIAL SECURITY NUMBER _____

PHONE # TO VERIFY INFORMATION _____

*****I HEREBY AUTHORIZE CYRPUS CREDIT UNIOTN TO INITIATE AN ACH DEBIT ON MY BEHALF FROM THE ACCOUNT LISTED ABOVE.**

SIGNATURE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PLEASE MAIL BACK TO: U-SA CARES FOR LIFE, 6914 So.Redwood Rd. #104,
West Jodan, Utah 84084 or call Rose at 801-860-3851 for fax number.