



# United Way of Chester County, Inc.

## Authorization Agreement for Electronic Deposit

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

---

ACCOUNT TYPE: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS/MONEY MARKET

BANK NAME: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TRANSIT/ABA/ROUTING NUMBER: \_\_\_\_\_  
(9 digits usually preceding account # on checks)

ACCOUNT NUMBER: \_\_\_\_\_

---

I, (we), hereby authorize UNITED WAY OF CHESTER COUNTY, INC., herein called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above, hereinafter called DEPOSITORY.

This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination allowing 14 days for processing.

NAME(S) ON ACCOUNT: \_\_\_\_\_  
(Please Print)

SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY CONTACT PERSON: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

---

**PLEASE ENCLOSE A VOIDED CHECK (OR A COPY) WITH YOUR FORM. OUR BANK  
REQUIRES THIS INFORMATION TO BE KEPT ON RECORD IN OUR FILES. THANK YOU.**

Please return completed form to [karen.brown@unitedwaychestercounty.org](mailto:karen.brown@unitedwaychestercounty.org),  
FAX to 610-738-8990, or mail to

United Way of Chester County  
211 North Walnut Street  
West Chester, PA 19380